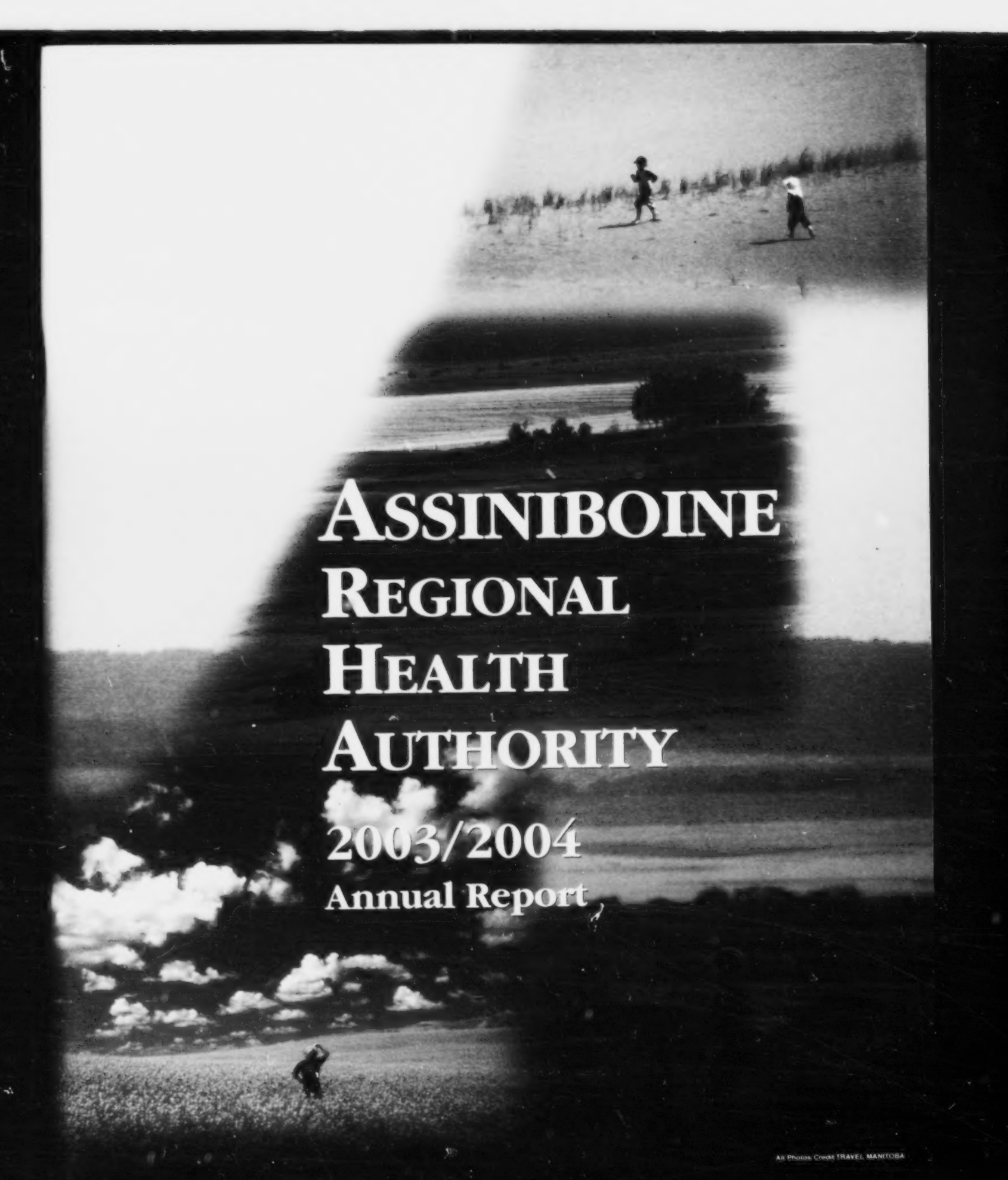
ASSINIBOINE
REGIONAL
HEALTH
AUTHORITY
2003/2004
Annual Report
All Photos Credit TRAVEL MANITOBA

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ASSINIBOINE REGIONAL HEALTH AUTHORITY

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The Assiniboine Region covers an area of 32,134 square kilometres, expanding from the northwestern point of the Saskatechwan border in the Rural Municipality of Shellmouth-Boulton near the community of Russell, continuing down the Saskatchewan border where it meets the USA border, extending south-east to the Rural Municipality of South Norfolk near Treherne, and north to the Rural Municipality of Glenella in the Neepawa area. Brandon, the major referral centre for the Assiniboine Regional Health Authority is within 30-90 minutes of most communities in the Region. The main industry in the region is agriculture.

Towns	20
Villages	8
RMs	44
Population	73,000
Hutterite Colonies	28
First Nations communities	7
French Language community	1
Staff	3100
Acute Care Hospitals	20
Personal Care Homes	28
Elderly Persons Housing	5
Services to Seniors Groups	27

Emergency Medical Services:
25 ambulance stations
32 ambulances

ASSINIBOINE REGIONAL HEALTH AUTHORITY

The Honourable David Chomiak
Minister of Health

Dear Honourable Chomiak:

On behalf of the Board of Directors, it is my pleasure to present the Assiniboine Regional Health Authority's Annual Report for the period April 1, 2003 to March 31, 2004. This report was prepared under the Board's direction, in accordance with the *Regional Health Authorities Act*.

The past fiscal year has continued to be busy with changes resulting from the amalgamation of the previous Marquette and South Westman Regional Health Authorities in July 2002. The mergers of all collective agreements have been completed, with the exception of the Manitoba Government and General Employees Union. In addition, the general ledger was amalgamated in November 2003 and payroll and accounts payable functions have been centralized.

The Board of Directors has established Governance Process, Executive Limitations, and Board – CEO Relationship policies within a policy governance framework. In May of 2003, a multi-stakeholder planning forum was held and information gained from this two day event was used by the Board to formulate Vision and Mission statements. They were formally adopted by the Board at their September 17, 2003 Board Meeting.

Effective and timely communication continues to be extremely important to the Assiniboine Regional Health Authority. Key community stakeholder and general staff meetings were once again held in both the spring and fall. These meetings serve as an opportunity for community leaders and staff to meet with the Board of Directors and Executive Team to receive regional updates, discuss concerns, and ask questions. This process involves forty four meetings across 32,000 square kilometres, but is seen as very valuable by both staff and public. A communication survey was distributed following the meetings held in the spring of 2004, and most respondents felt the meetings were effective. Other public communications tools include a newsletter distributed three times per year, open board meetings including the distribution of minutes to all municipal corporations and highlights to all media, as well as ongoing press releases.

The Region is once again showing a shortfall of funding in the audited financial statements of $927,161. The Board continues to lobby government in an effort to obtain adequate funding to address collective agreement obligations, increased operational costs, and yearly inflation impacts.

As Chair of the Board, I would like to take this opportunity to thank John Heide and Louis Kurchaba who completed their Board terms on March 31, 2004. Their many contributions to the Assiniboine Regional Health Authority as well as the former Marquette and South Westman Regional Health Authorities are appreciated. We wish you luck in your future endeavours.

In closing, the Board of Directors would like to acknowledge and thank all staff within the Assiniboine Regional Health Authority who give of themselves each and every day, often under difficult circumstances, to ensure that the health care needs of Assiniboine residents are met. Thanks also to the many community members who have taken the opportunity to participate in planning forums, to make us aware of their concerns, to educate us, and to become better informed. Your participation and input is valued and we look forward to continued linkages aimed at improving the quality of health services delivered in the Assiniboine region.

Respectfully Submitted,

Bill Bryant

William Bryant
Board Chairperson

William Bryant - Chair
Bill, a retired Community Mental Health Worker, currently serves as Chair of the Assiniboine RHA. Bill resides in Russell, MB.

John Heide
John just completed thirty years of retail sales in the farm equipment industry. John will now be spending his time on the farm and working with Manitoba Crop Insurance. John resides in Killarney, MB.

Betty Christie - Vice Chair
Betty is married with three children and six grandchildren. Her and her husband farmed in the Glenboro area until their retirement. She has been on village council since 1987 and she is presently the Deputy Mayor. She enjoys travelling, golf, reading, grandchildren, family get togethers and watching Provincial, Canadian and World curling. Betty lives in the Village of Glenboro.

Louis Kurchaba
Louis has been a member of the Board of Directors since April 1, 2000. He is a retired high school teacher, and now keeps busy farming, repairing antiques, as well as volunteering his time for many organizations. Louis resides in Rossburn, MB.

William Busby
Bill is a retired Municipal Chief Administrative Officer. Bill was a member of the Manitoba Administrator's Association for forty years, serving eight years on the Board of Directors, two years as President. Bill resides in Reston, MB.

Glen Langton
Glen and his wife Lori are retired from teaching and enjoy yard work, gardening, "the lake", curling, dancing, music, and the arts in general. Glen brings to the Board background experience in school administration, special needs education, and a wide range of public and community services.

Terry Drebit
Terry Drebit was raised in rural Manitoba prior to moving to Winnipeg in 1970. He left Winnipeg in 1977, and was self-employed in the restaurant and catering business for over twenty years. He served several years as Councillor and as Mayor for the Town of Minnedosa. Terry resides in Minnedosa, MB.

Charles Lowes
Charles is a retired school bus driver for the Fort La Bosse School Division. He previously served as Reeve for the RM of Archie. Charles resides in McAuley, MB.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

Pat Phillips
Pat worked in Manitoba for thirty five years as a registered nurse mainly in the operating and emergency rooms and recently served a three-year term on the South Westman Regional Health Authority Board of Directors. Pat is also active in the Hartney Museum, Hartney Horticultural Society, MS Self-Help Groups and Church work. She is the mother of five and spends her spare time gardening, taking violin lessons, becoming computer literate, traveling, genealogy and grand parenting. Pat resides in Hartney, MB.

Larry Rainnie
Larry has taught public school in Manitoba for the past twenty five years. In August of 2004, he assumed the position of Superintendent of Turtle Mountain School Division. Larry serves on many professional and community organizations and is a member of the Boissevain Golf Club. Health care issues are important to Larry and he has valued his role as a board member of the Assiniboine Regional Health Authority. Larry has lived in Boissevain for eleven years.

Stafford Shewchuk
Stafford is currently a Councillor for the Rural Municipality of Harrison. He is also Chairman of the Yellowhead detachment "Planning for Safer Communities" committee, a board member of the Rossburn Subdivision Trails Association and Poppy Chairman for the Royal Canadian Legion Branch 184. Stafford is employed as the Superintendent of Lakeside Golf Club at Shoal Lake and resides in Sandy Lake.

Sophia Smith
Sophia is a retired Municipal Chief Administrative Officer. She also is involved with the family farming operation. Sophia brings over ten years of municipal experience with her to the Board and has resided in the southwestern part of Manitoba her whole life. She now resides in Foxwarren, MB.

Gary Bell—Brandon RHA Representative
Gary Bell is the cross appointee Board Member from the Brandon Regional Health Authority, where he has been a member since April 2001. Gary is a life long resident of Brandon and is employed by the City of Brandon Fire Department. Gary likes to spend time catamaran sailing at Clear Lake in Riding Mountain National Park, as well as scuba diving in the much warmer waters of the Caribbean when possible. He is an air-cooled VW enthusiast who loves spending time tinkering with and driving his old beetle during the summer months.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

The Board and senior management of the Assiniboine Regional Health Authority continued to be busy in 2003/04 addressing needs associated with the amalgamation of the previous Marquette and South Westman regions.

The Board of Directors has established Assiniboine Regional Health Authority Governance Process, Executive Limitation, and Board-CEO Relationship policies within a policy governance framework. All Board policies are reviewed at least once annually according to a review schedule established by the Board.

The Board hosted a multi-stakeholder planning forum in May of 2003 which included participation from the region's town and municipal councils, Aboriginal communities, District Health Advisory Council members and Provider Advisory Council representatives. The information gained through this forum, in addition to the analysis of multiple data sources, was used by the Board to formulate the following Vision and Mission statements. They were formally adopted by the Board at their regular meeting held September 17, 2003.

VISION

Assiniboine Regional Health Authority: together, an innovative, future - oriented organization providing evidence based, sustainable, quality health services.

MISSION

Through participation and teamwork, our mission is to share in enhanced well-being through the delivery of quality health services, within available resources, that are responsive to the needs of the population.

The region also partnered with Parkland and Central Regional Health Authorities to host an Aboriginal Health Forum in September 2003. Information gained through this forum will assist the region in effectively engaging aboriginal communities and populations in the development of an aboriginal specific health strategy.

A comprehensive regional Community Health Assessment process was initiated in 2003 with a final report anticipated in the fall of 2004. The Board will use the information gained through this report to establish strategic priorities for the Assiniboine region for 2005/06 through 2010/11.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

The Assiniboine Regional Health Authority provided necessary reports to the Provincial Government in order to ensure compliance with requirements outlined in the first Performance Deliverables document established for 2003/04.

Compliance was achieved in the areas of Aboriginal Health, Mental Health, Primary Health Care, Sexually Transmitted Disease reduction, restraint policy, injury prevention plan, disaster management, board self-assessment and consumer participation.

The Assiniboine Regional Health Authority Board and senior staff continue to deal with numerous human resource challenges across the region. Managing these challenges at both the local and regional levels has been resource intensive and has precluded, in many instances, the region's ability to achieve desired goals. The focus, by necessity, has been on crisis management versus proactive planning.

At the senior administrative level, efficiencies continue to be achieved to the greatest extent possible. The Vice President, Corporate Services position was vacated in July 2003 and this position was not replaced. Functions of the position were transferred to other senior staff members resulting in further administrative savings and a reduction in the number of Vice President positions.

The regional Vice President-Medical Services position was also vacated in March of 2004. Recruitment efforts have been successful in securing a replacement for this position and Dr. Dave Maharajh will join the Assiniboine Regional Health Authority executive team in September 2004.

District Health Advisory Councils

North

Phil Tyschinski	Ed Kulchyski
Anne MacIssac	Sam Brown
Robert Muir	Brent Fortune
Christine Harris	Shirley Dale
Catherine Furevick	Connie Steinburg
Lawrence Chastko	Ron Carr
Rodney Ashcroft	Robert Bonchuk
Chris Yuen	

West

Elaine Turnbull	Carol Hill
Jocelyn Beever	Manson Moir
Gordon Powell	Vaughn Ramsay
Maxine Chacun	Karen Harilstad
Michelle Piwniuk	Cecile McMurray
Marvin Elder	Howie Edwards
Vince Heaman	Carolyn Porter
Karen Caldwell	Kerry Smith
Michael Dillabough	

East

Gwen Tripp	Jeannie Burgess
Nancy Janzen	Bob Durston
Hugh Camrass	Karen Paulson
Vivienne Bottrell	Barb Nicholl
Kathryn Jasienczyk	Shirley McLeod
Earl Maylon	

Provider Advisory Council

Joyce Barwick	Rodney Jones
Larry Collins	Sandi Allen
Brenda Wiebe	Susan Hallgrimson
Barb Moir	Janice McDonald
Denise Wiebe	Lorna Coe
Teresa Wareham	Karen Newton
Dr. Ajai Shanker Khandelwal	

"At the senior administration level, efficiencies continue to be achieved to the greatest extent possible."

ASSINIBOINE REGIONAL HEALTH AUTHORITY

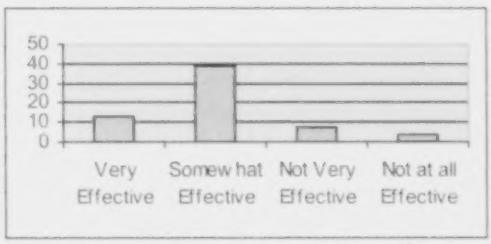
The Assiniboine Regional Health Authority is committed to effective and meaningful internal and external communications.

Strategies used in internal communications include:

- Monthly staff newsletter entitled Staff Matters.
- Weekly bulletin entitled For Your Information.
- Rumour Line established for staff to call anonymously with concerns. Answers are provided and distributed to all sites and programs.
- Distribution of Board minutes to all programs and sites.
- Staff meetings with the executive team twice per year.
- Ongoing memos as required.
- Health Provider Advisory Council established.

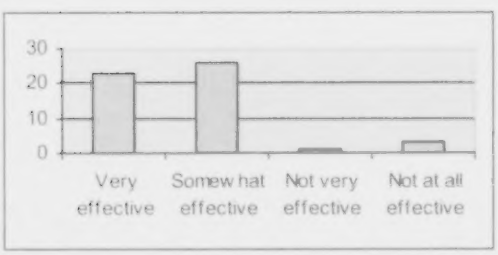
64 surveys returned = 2% of staff

*"The RHA undertakes regional **staff** meetings twice a year. Do you find these meetings effective for sharing information?"*



53 surveys returned = 14% of stakeholders

*"The RHA undertakes regular **stakeholder** meetings twice a year. Do you find these meetings effective for sharing information?"*



Strategies used in external communications include:

- ARHA News (public newsletter) published three times per year.
- Open board meetings.
- Board highlights distributed to all local media following monthly board meetings and minutes to municipal councils.
- Website. (www.assiniboine-rha.ca)
- Community stakeholder meetings twice per year.
- Press releases as required.
- The development of a Board Communications Taskforce.
- Three District Health Advisory Councils established.
- Ongoing communication with municipal corporations.

The Assiniboine Regional Health Authority conducted a community and staff communication survey following the spring stakeholder meetings. The purpose was to evaluate the effectiveness of the meetings as well as to seek opportunities for improvement. Overall both community and staff felt these meetings were effective.

The Assiniboine Regional Health Authority continues to look for opportunities to improve communications with both internal and external stakeholders.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

It is my pleasure to present, on behalf of the Assiniboine Regional Health Authority Executive Team, a report on the 2003/2004 activities.

Although the year continued to see some challenges and changes associated with the amalgamation of the former South Westman and Marquette Regional Health Authorities, the new organization has made incredible progress and the majority of regional services and programs are now completely transitioned and functioning well. The staff and board are to be commended on the efficiency of this transition and their acceptance throughout the process.

Both the management team and front line staff have worked hard at maintaining all services, but human resource challenges continue to plague the system. Physician, diagnostic, and nursing resource issues continue to be an ongoing threat to the delivery of long-term, acute care, and emergency room services. The region continues to work with government, staff, and community stakeholders on long-term solutions to ongoing challenges. Often working short staffed and under difficult circumstances, the region has witnessed staff's professionalism, hard work and determination to achieve the highest quality of care possible. For that, we commend you!

During tight fiscal realities, the regional executive team continues to look at administrative savings on an ongoing basis. The Vice President, Corporate Services position was vacated in July 2003 and this position was not replaced. Functions of the position were transferred to other senior staff members resulting in savings as well as a reduction in the number of Vice President positions.

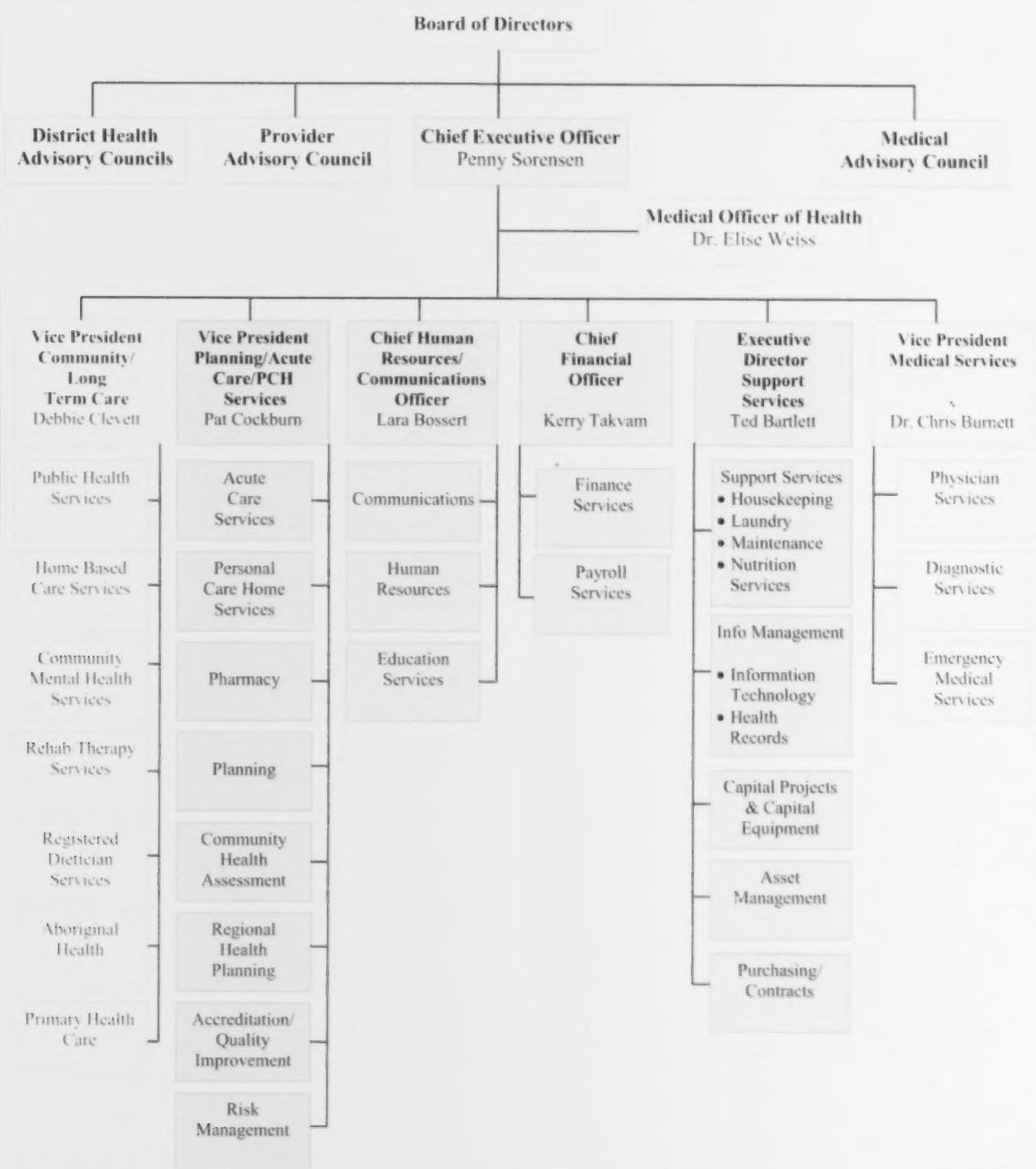
Community programs continue to provide a valuable service to the residents of Assiniboine, often adding new programs to their already heavy workloads. The Emergency Medical Services Program has been instrumental in developing and implementing the regional disaster and emergency response plan. This plan was completed in March of this year, including orientation for all staff at 22 sites across the region. The Emergency Medical Services staff also continue to busy with injury prevention and farm safety programs. The Mental Health Program responded to the rural agriculture based economy crisis by launching two half time positions to provide mental health support services to farmers. These are just some of the examples of the many great things happening in Assiniboine.

In closing, I would like to commend community members for their commitment to healthcare in Assiniboine. It is evident each and every day, of the strong desire to maintain as many health services as possible within rural Manitoba. This energy, enthusiasm, and commitment, together with dedicated and professional staff, will ensure quality health services for many generations to come.

Respectfully Submitted,

Penny Sorensen, BN, MSA
Chief Executive Officer

ASSINIBOINE REGIONAL HEALTH AUTHORITY



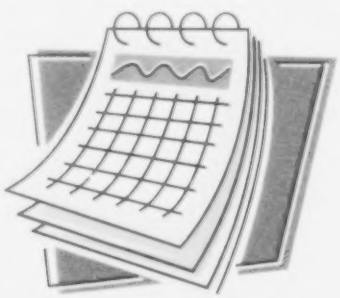
ASSINIBOINE REGIONAL HEALTH AUTHORITY

The following report contains a great deal of information. In an attempt to summarize the many achievements occurring throughout the 2003/2004 year, the following synopsis has been provided.

In April of 2003, the Board of Directors hosted a two day planning session with community stakeholders to seek input into future direction for the Assiniboine Regional Health Authority. Following the planning session the Board of Directors was able to develop a regional vision and mission statement which was formally adopted at the September Board meeting.

Other highlights included:

- The implementation of a standardized charting program for all Personal Care Homes in the region.
- The development of a regional Disaster and Emergency Response Plan.
- The development of a regional Elder Abuse Resource Guide including a widespread distribution plan.
- The recruitment of a Primary Health Care Coordinator and the establishment of a Steering Committee.
- The hosting of a Regional Forum to identify first steps required to implement a Regional Diabetes Program.
- The development of a three year Regional Injury Prevention Plan.
- The hosting of an Aboriginal Health Forum.
- The Home Care Program provided direct service to 2,367 clients.
- The launching of two half time positions for four months to provide support to farmers during the BSE crisis.
- The Public Health Program provided 9,818 contacts with the maternal child population.
- The addition of many unique family programs as part of the region's Public Health Program.
- An increase of 33.8% in the immunization rate of the general public for influenza as well as a 21.8% increase in the number of staff vaccinated.
- Approximately $600,000.00 was provided by Manitoba Health to upgrade diagnostic equipment throughout the region.
- The implementation of a Home, Health and Safety checklist in the community of Erickson.



ASSINIBOINE REGIONAL HEALTH AUTHORITY

Deliverable	Status
An approved Regional Primary Health Care Operational Plan based on Manitoba Health's Policy Framework.	Betty Kozak was hired as the Primary Health Care Coordinator, beginning work in the position in October. The ARHA Primary Health Care Steering Committee has been developed.
An approved regional plan for mental health consumer participation that is consistent with the provincial framework for meaningful consumer participation developed by MB Health in consultation with the Provincial Mental Health Advisory Council.	A written regional plan for mental health consumer participation submitted to MB Health.
An approved regional sexually transmitted disease reduction strategy and implementation plan developed relative to the region's historical current & projected Sexually Transmitted Disease (STD) rates.	A written regional STD reduction strategy & implementation plan submitted to MB Health, including an outline of the interface for communication & coordination of services between the RHA & all regional stakeholders.
An approved regional plan to promote best practice in immunization.	A written regional plan to promote best practice in immunization submitted to Manitoba Health.
An approved three-year Regional Diabetes Program Implementation Plan.	Written plan submitted September 30, 2003. In December 2003, a regional forum was held to identify first steps required to achieve the Regional Diabetes Program using a chronic disease prevention approach.
Implementation of a restraint policy in all Personal Care Home facilities in the region.	The restraint policy has almost been completed for final approval. The RHA has conducted inservicing of the current policies.
An approved three-year regional injury prevention plan.	A three-year regional Injury Prevention Plan has been developed by internal and external stakeholders. The plan involves identifying what injury prevention activities are already occurring and the possible linkages with partnerships to reduce duplication of efforts, and to identify issues and possible priorities with a "Potential Planning Action". Injury prevention activity surveys have been distributed to internal & external stakeholders & are being returned.
An approved regional one-year action plan to engage Aboriginal groups in the development of a regional Aboriginal - Specific Health Strategy, and progress in implementation of the plan.	A collaborative forum involving Parkland, Central and Assiniboine RHAs is being planned & will include aboriginal representatives.
A comprehensive regional Disaster Management Program, as part of implementing the MB Health Integrated Risk Management Strategy Policy.	April 8, 2003, a proposal to form an ARHA Emergency Preparedness Committee was approved by Executive and a Committee was formed.
An Annual Board self-assessment	Self-assessment tool submitted and was completed June 2003.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

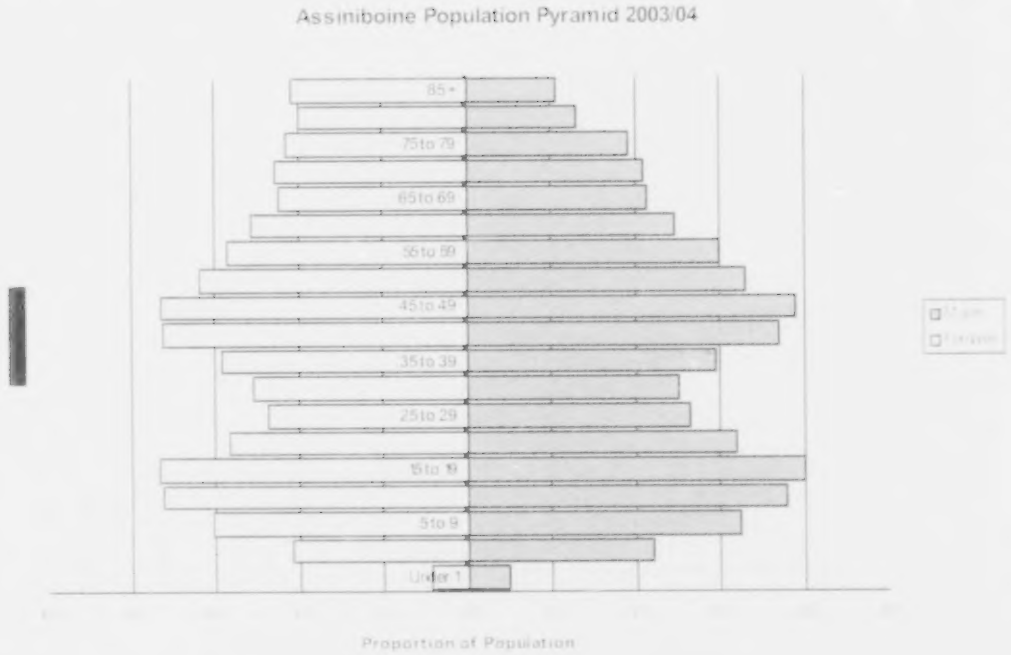
As part of the ongoing Community Health Assessment process, the region looks at the health of its public and any changes that have occurred. Factors that impact health are also considered. Health is influenced by a large number of factors, including education and employment, social support, lifestyle choices, personal coping practices, the environment, heredity, gender, culture, early childhood experiences and health services.

Information is available from a variety of sources to assess and monitor the health of the people in the Assiniboine Regional Health Authority. Information is obtained from Manitoba Health, the Manitoba Centre for Health Policy, and Health Canada.

Population

In 2003, 19% of the population of the Assiniboine Region were 65 years of age or over. Almost 19% of the ARHA population in the same year was under 15 years. The provincial average of residents age 65 and over is just over 13%, therefore the Assiniboine Region has an older population than the whole of Manitoba.

Approximately 8% of residents of the Assiniboine Region were of Aboriginal descent in 2001. There are 7 First Nations communities, and 28 Hutterite colonies in the Assiniboine Region.



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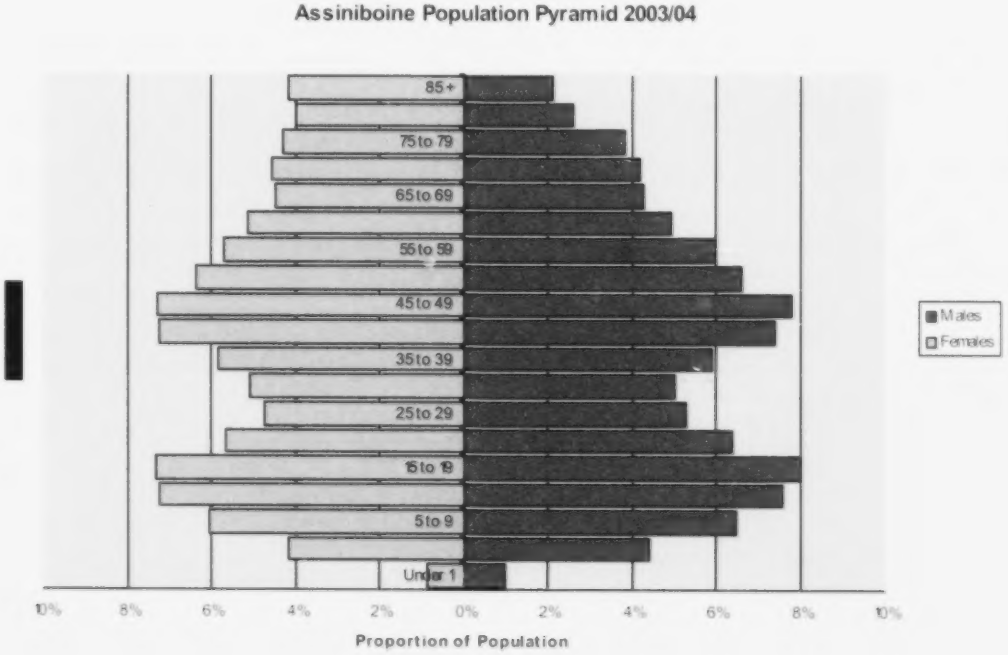
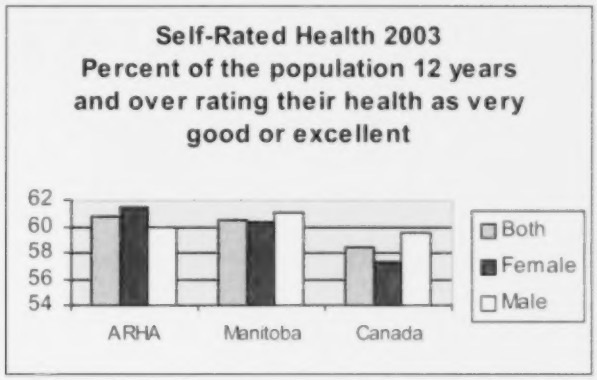


Self-rated health

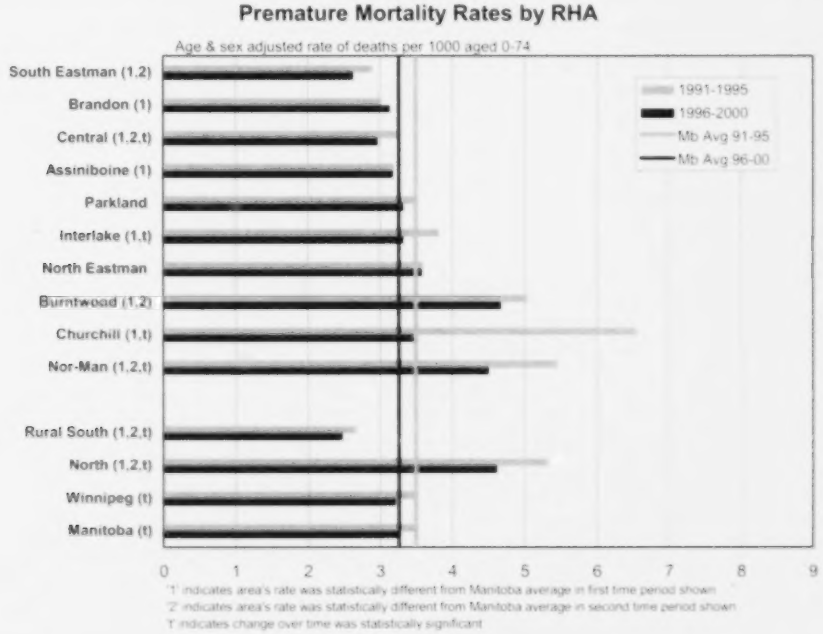
The way in which we rate our own health is an important general indicator of the overall health status of our region. The self-rated health of Assiniboine residents in 2003 was slightly higher that the provincial average. Males in the ARHA were slightly less likely to rate their health as very good or excellent compared to all Manitoba males. In contrast, females in the Assiniboine Region were more likely to rate their health as very good or excellent.



Premature Mortality Rate (PMR)

Premature mortality is considered to be one of the single most important measures of the healthiness of a population. Premature mortality is defined as death before the age of 75 years.

When using PMR as a measure of health, the Assiniboine region is considered to be the fourth healthiest region in the province, which is slightly below the provincial average.



Source: Manitoba Centre for Health Policy RHA Atlas

Causes of Death

The five leading causes of death for Assiniboine females from 1992-2001 were:

1. Diseases of the Circulatory System - conditions such as heart attacks and strokes
2. Neoplasms - cancer
3. Diseases of the Respiratory System - lung diseases such as pneumonia, asthmas, emphysema, and bronchitis
4. Diseases of the Digestive System - conditions that affect the stomach and intestines
5. External Causes - most of these deaths are the result of injuries

The five leading causes of death for Assiniboine males from 1992-2001 were:

1. Diseases of the Circulatory System - conditions such as heart attacks and strokes
2. Neoplasms - cancer
3. Diseases of the Respiratory System - lung diseases such as pneumonia, asthma, emphysema, and broncitis
4. External Causes - most of these deaths are the result of injuries
5. Diseases of the Digestive System - conditions that affect the stomach and intestines

Physical Activity

Physical activity is an important part of keeping healthy. A lack of physical activity is associated with an increased risk of several chronic diseases, such as heart disease, high blood pressure, obesity, colorectal cancer, breast cancer, osteoarthritis, and depression.

In 2003, physical activity increased among Manitobans (males 30.4%, females 24.1%), but remained virtually the same for men in the Assiniboine Region at 19%. The proportion of ARHA females reporting a physically active lifestyle in 2003 increased to 21.1%.

Nutrition

According to the Canadian Community Health Survey (CCHS) completed in 2001, it appeared that a larger proportion of female residents of Assiniboine consumed the recommended amount of fruits and vegetables than all Manitoba females combined. As reported in the 2003 CCHS, this trend continued, with 44.1% of ARHA females and 38.9% of Manitoba females eating the recommended amount of fruits and vegetables.

Adolescent Pregnancy

Of Assiniboine teenaged girls aged 15 to 17 years, 2.2% gave birth, compared to 3.7% of all Manitoba teenaged girls combined. Of Assiniboine teens aged 18 to 19, 4.0% gave birth, compared to 6.5% of all Manitoba teens combined. In Assiniboine there were no pregnancies among adolescent girls under 15 years of age in this year. Assiniboine teenage and adolescent girls appeared to have lower birth rates than other Manitoba teen and adolescents girls combined.

Emergency Medical Services (EMS)

Through various means of communication with the public, the Assiniboine Regional Health Authority executive team and Board of Directors continues to hear the great importance of high quality, responsive emergency medical services. The residents of rural Manitoba consider EMS services imperative due to distances required to access emergency and acute care services. Throughout the 2003/2004 year, Assiniboine EMS continued to provide ongoing education to improve the skill levels of staff members.

- Number of Providers – related to training levels
  - Paramedic 2 — 28
  - Paramedic 1 — 79
  - Emergency Medical Responder — 168
  - Basic First Aid — 71

  In 2003/2004:
  - New Basic First Aiders — 44
  - New Emergency Medical Responders — 45
  - New Paramedic 1 — 18
  - New Paramedic 2 — 6
  - Recertified Emergency Medical Responders — 106
  - Recertified Emergency Medical Technician — 99

- The average response to scene times on Primary Response calls was 13.57 minutes (this is the time from when the call was received until the ambulance arrives on scene)
- Ambulance call volumes
  - Primary Responses — 2,599
  - Interfacility Responses — 2,754
  - Total call volume — 5,343

Disaster and Emergency Services

In addition to call responses, Assiniboine EMS continued to provide additional services within the region in the 2003/2004 fiscal year.

The regional EMS Management Team has representation on the ARHA Emergency Preparedness Committee. This multi-disciplinary team was established in April 2003 and continues to provide leadership and direction to the region on all aspects of emergency preparedness. This committee serves as the primary contact for the region on any issues that could potentially pose a threat to the health of the residents in the region (e.g. SARS, Avian Flu, West Nile Virus, Severe Weather, Pandemic, Labour Disputes, etc.). In the winter of 2003 and spring of 2004 the committee began the initial development of a regional plan for Respiratory Disease Outbreaks.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

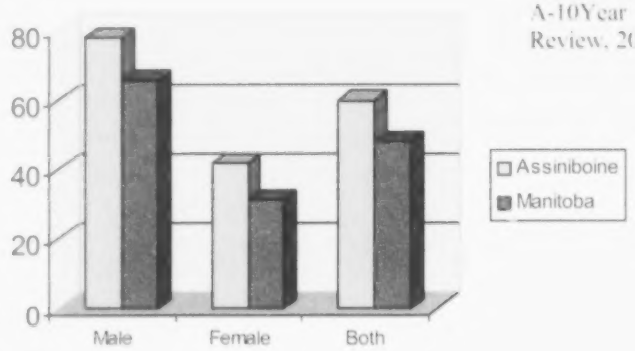
A sub-committee of the Emergency Preparedness Committee has been developed and is responsible for the formation of a comprehensive disaster and emergency response plan that would enable all facilities within the region to respond to an emergency or disaster using a standardized plan. The implementation phase was completed on March 15, 2004, including orientation for all facility and program staff in the region.

Injury Prevention

In addition to providing emergency response, the EMS staff are active in Injury Prevention programs including:

- Bicycle Safety
- Progressive Farm Day Camps
- Fall Prevention Program
- ABC Farm Safety
- Car Seat Safety
- Community Safety Net
- ATV/Snowmobile Safety
- Safe Kids Canada
- Playground Safety
- CPR/First Aid Programs
- School & Daycare Visits
- Blood Pressure Clinics
- PARTY (Prevent Alcohol & Risk Related Trauma in Youth)
- Operation PAL (Public Alert)

Injury Death Rates in Assiniboine
Per 100,000
1992-1999



Source: Injuries in Manitoba: A-10Year Review, 2004

The rates of injury deaths in the Assiniboine Region were higher than that of all of Manitoba for both males and females.

Assiniboine RHA Injury Hospitalizations
Actual Numbers and Rates per 100,000 1992 to 2001

Type of Injury	*All*		*Females*		*Males*	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
Unintentional Falls	5601	763	3554	967	2047	558.4
Unintentional Motor Vehicle Traffic	1117	152.2	464	126.2	653	178.1
Struck by/Against – Unintentional	471	64.2	101	27.5	370	100.9
Self-inflicted Injuries	445	60.6	316	86	129	35.2
Other transport	436	59.4	135	36.7	301	82.1
All Injury Hospitalizations (Unintentional, Intentional, Undetermined and Other)	**11395**	**1552**	**5786**	**1574**	**5609**	**1530**

Home Based Care Services

Available Home Care Services are: Assessment and Care Planning, Case Management/Case Coordination, Assistance with Personal Care and Activities of Daily Living, Nursing Care, Respite Care, Adult Day Program, Community Therapy Services, Equipment/Medical Supplies, Home Oxygen Program, Self Managed Care/ Family Managed Care Operations.

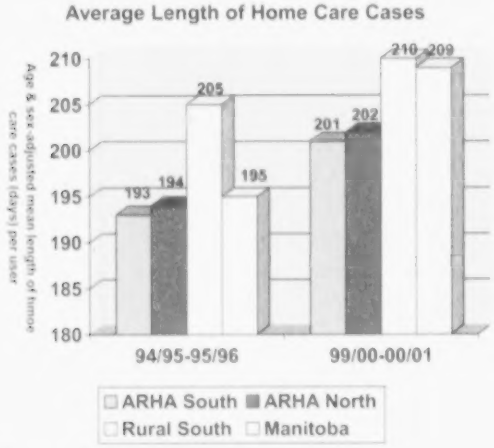
The Home Care Program provided direct service to 2,367 clients in the 2003/2004 fiscal year. Of these clients, 385 clients were paneled for admission to Personal Care Homes.

A community Elder Abuse Resource Guide was developed by the multidisciplinary Elder Abuse Task Force. This guide is used to help healthcare providers and other agencies recognize and effectively respond to Elder Abuse. It is intended for those who have contact with seniors in general. Canadian prevalence rates suggest that 4% of Canadian older adults are abused. It is essential that older adults know that there is help available.

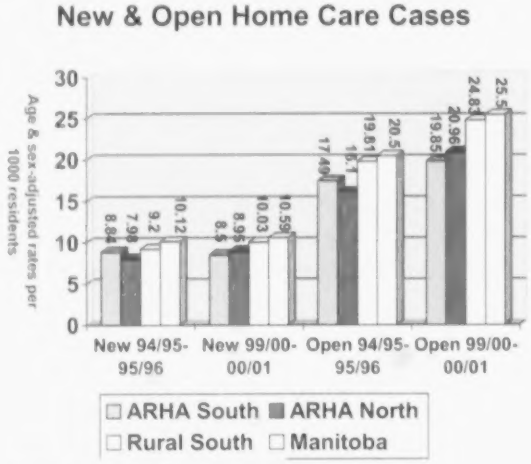
There are 14 Adult Day Programs throughout the region that provide socialization and respite opportunities that assist clients in continuing to live safely and independently in the community. In January/04 Consumer Satisfaction Questionnaires were sent out with 97% of respondents rating the overall quality of care and service as good to excellent.

The number of new Home Care cases opened in the Assiniboine Region was significantly lower than the provincial average in 1999/2000 and 2000/2001. There was an increase over time in the number of new Home Care cases opened in all areas of the northern half of the region. In the south, there was a slight decrease in the number of new Home Care cases over time.

The number of open Home Care cases in the Assiniboine region was significantly lower than provincial average for both time periods, but there was a significant increase over time. All regions except Churchill experienced a significant increase in the number of open Home Care cases over time.



Source: MCHP, RHA Atlas



Source: MCHP, RHA Atlas

The average length of Home Care cases in the Assiniboine Region was lower than both the Rural South and provincial averages, although this did increase over time. Rural South refers to the regions that are located in the south and central areas of Manitoba, excluding Winnipeg and Brandon.

Palliative Care Services

A formal Regional Palliative Care Program has been established in the ARHA.

The Regional Palliative Care Manual has been developed and is consistent with standards and practice guidelines established by the Canadian Hospice and Palliative Care Association and Manitoba Health.

The Volunteer Friend in Hand Training Sessions were held in 4 communities. The Friend in Hand program is the Volunteer Education Program developed by Hospice and Palliative Care Manitoba. It is a 20 hour course and its goals are to explore personal attitudes to death and dying, to deepen self awareness, to enhance interpersonal skills, to receive information on the effects of dying and grieving, and to explore the role of the volunteer in hospice care. The Regional Palliative Care Coordinators coordinate the program and 23 volunteers were trained in this program in the 2003/2004 year.

Support Worker Training in Palliative Care was developed by the Canadian Hospice Palliative Care Association and is implemented by the Regional Palliative Care Coordinators. The 17 module training program is taught in four – 3 hour sessions to any health care providers interested in palliative care. A certificate is given to all those who attend all the sessions.

Additional Palliative Care Workshops provided throughout the region in 2003/2004 were:

Pallium:

A Canadian based project that provides education and professional development in Palliative and End of Life care. The project has been funded by Health Canada through a Primary Health Care grant and has coordinated resources in Manitoba, Sask, Alberta, British Columbia, Yukon, Nunavut, and the North West Territories.

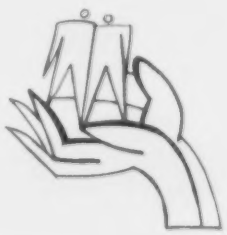
Multisite:

One day workshops are coordinated by Hospice and Palliative Care Manitoba and hosted by the regions. The workshops are usually held in May and are provided for all disciplines to attend. This year our region traveled to Brandon. The emphasis of the workshops is always on End of Life and Palliative Care addressing the physical and psychosocial needs.

Healthy Choices/Healthy Women:

An information day held in Brandon in February 2004 on women's health supported by the Westman Breast Cancer Network and Waves of Hope.

"23 Volunteers have been trained in the Friend and Hand Program"



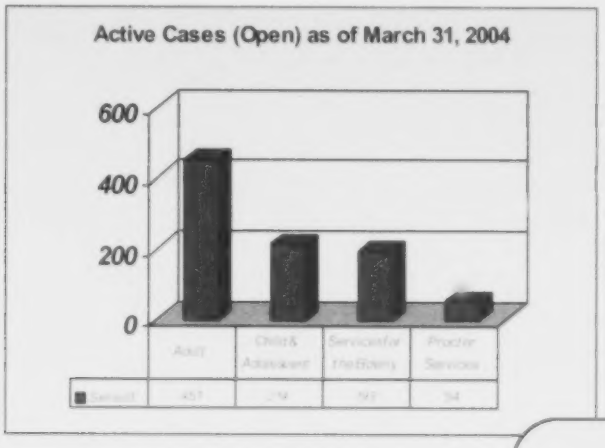
Mental Health Services

The Mental Health program ensures that those who suffer from mental distress receive the care, services and support they need to live with optimal independence and health status. Mental Health services are provided to the residents of the Assiniboine region across the age continuum and include:

- Child and Adolescent Services
- Adult Services
- Services for the Elderly
- Proctor Services

Proctor services provide an invaluable support to the Community Mental Health Program. The vision of this program is to assist individuals in skill development, offering support and resources they want and need to succeed in a way that promotes self-determination and healthy participation within community life.

Clients are actively engaged in counseling with their Community Mental Health Worker while also receiving ongoing support from their Proctor - who will assist with day to day activities/problem-solving/ ensuring linkages to the natural social networks existing within their communities. Goals are set by the client-the proctor is available as a support to them in attaining their goals.



" The Region launched two half time positions for four months to provide support to farmers during the Farm Crisis (BSE)."

Health Promotion Events of the Community Mental Health Team

- Stress Management Sessions
- I'm A Thumbody Sessions
- Suicide Prevention Sessions
- Body Image Sessions
- Connecting Communities Forums
- Attention Deficit Hyperactivity Disorder Sessions
- Healing the Healer Sessions
- Applied Suicide Intervention Skills Sessions
- Effectively Dealing With Conflict
- Anger Management Sessions

ASSINIBOINE REGIONAL HEALTH AUTHORITY

Mobile Crisis Services are available to all citizens of the Assiniboine Regional Health Authority and the Brandon Regional Health Authority - offering help to those in crisis through a 24 hour phone line. The phone support service may extend to an on-site visit as required to ensure safety of the caller & linkage to a suitable provider for ongoing support. The services provided include: telephone support, guidance, treatment for distress, and linkages to ongoing support. Additionally they are able to offer a safe place to stay for a short time period (few days) if the situation requires it.

Mobile Crisis Services

Total # intake calls from ARHA:	195
Total # intake community visits:	53
Total time spent on intake calls:	58.47 hrs
Transport of clients:	5

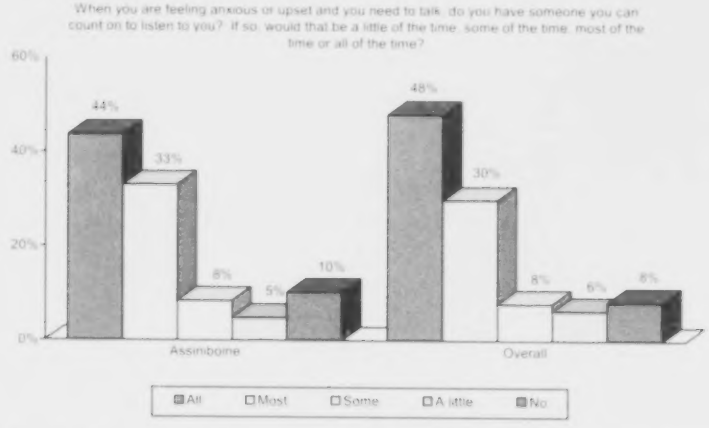
Crisis rating of these services:

Emergent	2
Urgent	56
Semi-urgent	80
Non-urgent	56

Life Stress

Stress in one's life affects how we feel and our relationships with others. How we choose to cope with stress in life can affect our health. According to the 2003 Canadian Community Heath Survey(CCHS), Assiniboine residents overall (16.8%) were less likely than all Manitoba residents (20.3%) to report feeling quite a lot of stress. The proportion of Assiniboine residents who reported feeling quite a lot of stress decreased from the 2001 CCHS. The proportion changed little for females, but appeared to decrease for males. This may or may not reflect a true change because the CCHS notes that the proportion for males in Assiniboine is to be interpreted with caution.

Social Support



44% of ARHA respondents said they have someone to listen to them when they need to talk.

Source: Community Health Assessment Telephone Survey, Acumen Research, 2004

In a telephone survey conducted in late 2003, nearly half of Assiniboine respondents (44%) said they had someone who would listen to them all of the time, while one-third (33%) said they had someone who would listen most of the time.

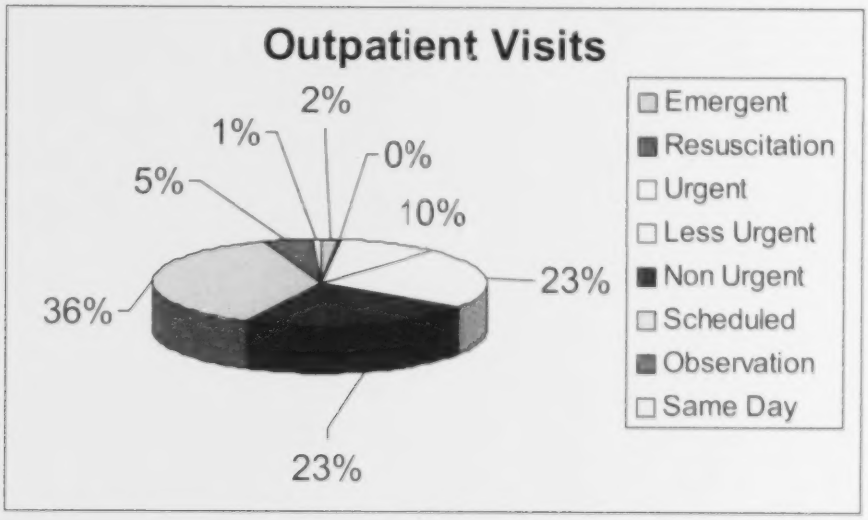
Acute Care

The ARHA continues to operate 20 acute care facilities with 348 beds which equates to 4.96 beds per 1,000 population, the highest of rural regions in the province. The acute care bed occupancy has remained relatively stable over the last four years, ranging from 55.9% to 57.31% (average of 56.54%). The 2003/2004 occupancy rate average was 56.50%. This means that approximately 150 acute care beds are empty on any given day. When looking at true acute care days only, the occupancy rate was 44.7% in 2003/2004. The average number of acute care patients per day per site ranges from a low of 2 in two sites to a high of 19. Eleven sites have an average of 6 or less acute care patients per day; eight sites have an average of 5 or less acute care patients per day. The region is required to staff with 2 nurses 24/7 at all acute care sites regardless of volumes.

Outpatient visits have also remained fairly stable over the past four years (average of 64,463 visits). In 2003/2004, there were 63,111 visits. The average number of outpatients per day ranges from 3 at 2 sites to 20 at 2 sites with only 4 sites having an average of more than 10 outpatients per day.

Reston Heath Centre's acute care unit was changed to a "Transitional Care Unit" (no provincial designation) in 2000. The unit cares for clients waiting PCH placement as well as those who require convalescent, non acute care prior to going home. Occupancy rate remains consistently high (92.6%).

In 2001/02, residents of Assiniboine, like all Manitobans, appear to have been hospitalized most often for pregnancy and childbirth. The rate for residents of Assiniboine was 19.8/1,000. For all Manitobans it was 19.6/1,000. The next most common reason for hospitalization was diseases of the circulatory system. The rate for Assiniboine (16.6/1,000) appears to be higher than that for all Manitobans combined (13.2/1,000).



ASSINIBOINE REGIONAL HEALTH AUTHORITY

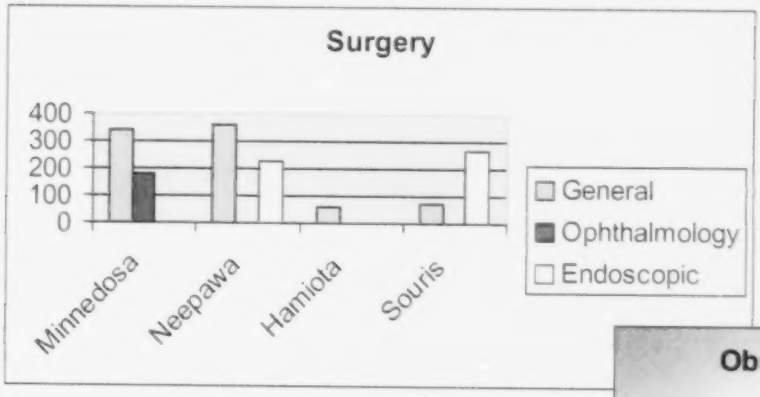
Temporary disruptions to acute and emergency department services were experienced throughout the year in several sites due to human resource shortages (physicians, nurses, diagnostic staff). These occurred in Wawanesa, Rivers, Birtle, Erickson, and Rossburn. Erickson and Rossburn continue to experience a temporary shift in service due to Human Resource issues. Erickson offers subacute non emergent care while Rossburn offers transitional care treatment room services. The ability to notify the public in cases where there is short term notice, ie. less than a week, continues to present challenges.

The lack of volumes and infrequent exposure to a variety of medical conditions continues to have an impact on staff's ability to maintain competencies. Education services have attempted to provide assistance where possible. Partnerships with Brandon have also assisted with continuing education (e.g. nurses in obstetrics, surgery).

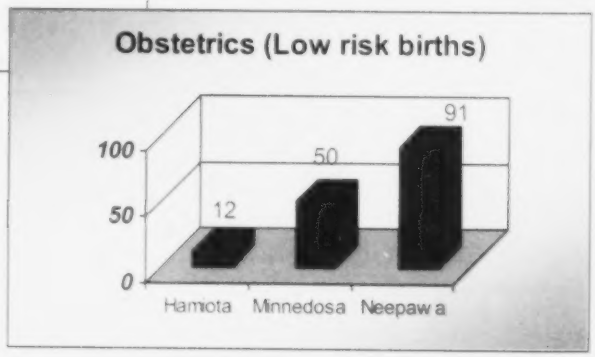
Agency Nursing Services have become necessary in a few sites throughout the year in an attempt to avert very short term disruptions in service. This results in concerns related to cost and safety (primarily due to lack of orientation).

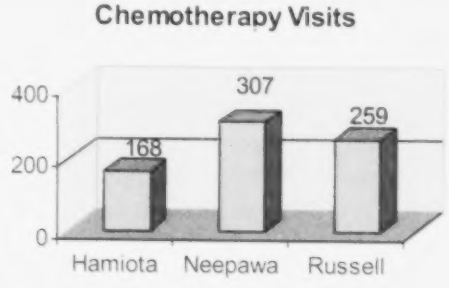
College Reviews (Physician and Surgeons, Registered Nurses, and Pharmacy) were completed in the following sites: Neepawa, Russell, Birtle, Treherne, Shoal Lake, and Hamiota.

The following specialized programs continue to be offered at the sites identified:



The region continues to wait for approval to renovate for a previously approved 6 station hemodialysis unit in Russell.





Long Term Care

There are 28 Personal Care Homes across the ARHA with a total of 917 beds. Three beds are designated for respite care; all other respite care is provided in acute care beds.

A four year average occupancy rate (2000/2001 - 2003/2004) was 96.59%. The occupancy rate for 2003/2004 was 96.89%.

Approximately 67% of residents in the Personal Care Homes have Level 3 and 4 needs, based on level assessments completed in December 2003. These are the highest levels that Personal Care Homes have.

Human resource issues continue to remain a challenge in Personal Care Homes. Lack of trained Health Care Aides as well as Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses remain a reality.

Recreation Therapy Services (activities) are provided at all Personal Care Homes. Organized activities provide residents with opportunities for meaningful social interaction and to remain active within a context that is appropriate for their needs and interests.

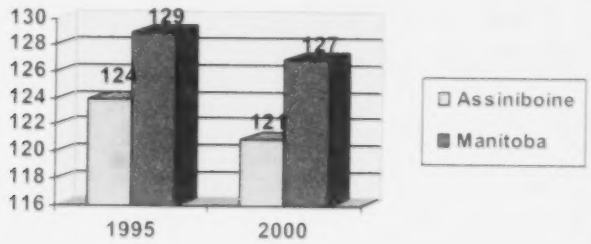
"Bath programs" continue to be offered out of some Personal Care Homes in the region. It is well utilized by community residents and is considered to be a valuable program.

A regional policy, based on a provincial template, addressing Restraint Use in Personal Care Homes, has been developed and implemented. Its compliance as well as appropriate potential decreased use will be monitored through the Performance Deliverables process established by Manitoba Health.

A standardized charting system has been implemented in all Personal Care Homes across the region. This will be particularly beneficial for nurses who work in more than one Personal Care Homes.

The Long Term Care Quality Team continues to meet and address identified issues and challenges.

PCH Beds per 1000 Residents 75 +



Source: MCHP RHA Atlas

The amount of time it took for people from the Assiniboine Region to be placed in a Personal Care Home in 1995 and 2000 was significantly less than the provincial average. In 1995, it took approximately 6 weeks for ARHA residents to be placed in a care home, while the provincial wait was about 14 weeks. In 2000, the difference was much less, but the waiting time for Assiniboine residents of just under 6 weeks was still significantly less than the median of almost 9 weeks for other Manitoba residents.

Public Health Services

Public Health Services are an integral part of health service delivery in the Assiniboine RHA. The vast variety of programming encompasses the entire population from infancy to the elderly. The following is a summary of the core services provided by Assiniboine's public health department.

Public Health For Families

Infant and Baby Population

Public Health Nurses provided 9,818 contacts with the maternal child population during the 2003/04 year. Contacts included home visits as well as consultations with families in facilities. During contacts, new mothers had the opportunity to discuss concerns and questions, have regular baby weight updates, receive immunizations, and receive professional advice on parenting, baby nutrition, development, and behaviour.

In the 2003/2004 year, 162 families received parenting support. In addition to 1:1 home visits with families, Home Visitors provided a total of 56 programs in 20 communities. Programs included information on literacy, parenting, early brain development as well as an opportunity to meet other parents and develop parenting support groups within communities.

Reproductive Health Services were offered through all ARHA health units in 2003/2004 for 769 clients, the program provided ongoing services, an increase of 200 clients in the past year.

Preschool Population

In addition to working with families of newborn children, the public health program also provided a variety of services to preschool families, strengthening parenting skills and enhancing early childhood development. Many programs were done in partnership with Education, Family Services, Child and Family Services, and First Nations Communities. In 2003/04, community education sessions were held for preschool families and included Rock & Read, Play To Learn, Mother Goose, Five Minute Parenting, and Fun In The Sun.

Many unique programs took place throughout Assiniboine in addition to those delivered by Home Visitors. A partnership with the Salvation Army, a local church group, and the public health program in one of Assiniboine's communities resulted in the delivery of a community kitchen program to a targeted group of young single mothers. As a result, an additional community kitchen program was implemented with participants now exploring options for a community garden in a vacant town lot. There was also the addition of a Registered Dietitian to act as a nutrition resource and to provide individual counseling for prenatal clients and parents of infants and toddlers.

Preschool assessments are an important component of Assiniboine's public health program. Assessments occur through Preschool Wellness Fairs as well as one on one with each child. Assessments include hearing, vision, development, as well as speech and language. A follow up is completed with parents to discuss each child's strengths and possible need for referral. The program provided 535 children with screening throughout the past fiscal year.

Speech and Language Services for the preschool population are also provided in ARHA through the public health program. In the northern part of the region, two speech therapists provide service out of three clinics based in Birtle, Minnedosa and Carberry. In the southern part of the region, speech and language services are delivered as a partnership between the region and Fort la Bosse, Prairie Spirit, Southwest Horizon and Turtle Mountain School Divisions. This model uses funding from Manitoba Health to enhance the Speech Language Pathologist staffing within the school system. Speech Pathologists provided service to over 1,000 children and their caregivers. The present wait period from referral to programming is approximately 6-8 weeks.

School Aged Population

The region offers a Child Development Certificate Program in partnership with Turtle Mountain School Division and Child Day Care. Students graduating from this school division are required to attend a one-day workshop that provides knowledge regarding healthy child development. Session topics include Prenatal Health and Nutrition, Lifestyle Factors – before, during and after pregnancy, and Parenting and Child Development – birth to 4 years. The majority of Grade 11 students at Boissevain and Killarney schools participated in this program in 2003-04.

The Assiniboine RHA teamed up with the Recreation Directors to offer Kids in the Kitchen to school aged children (6 to 11 years old) in the region. In total, 14 communities and 218 kids participated in the cooking and nutrition activities. Letters were also sent to all schools promoting the creation of supportive nutrition environments (nutrition policies), nutrition month, and the Healthy Schools Initiative grant available. As a result of the letters, many requests were made to have nutrition presentations and to work together on healthy eating initiatives in schools.

Female Population

Women's health clinics are held throughout the ARHA. Women seek medical attention on issues such as hormone replace therapy, menopause, breast health, contraception, pregnancy, urine concerns, pap smears, depression and osteoporosis. Lunch and Learn Women's Health Series are provided in several communities in the ARHA where the participants bring their lunch and take part in a variety of different topics that are presented.

Communicable Disease

Immunization is an important proven method of preventing communicable disease. Although immunization rates have decreased over time in all regions of Manitoba, immunization rates for children in the Assiniboine Region have been consistently higher than the provincial average.

Childhood Immunization Rates by Age
2002

	1 Year (DaPTP/Hib)	2 Years (DaPRP/Hib)	2 Years (MMR)	7 Years (MMR)	15 Years (TD)	17 Years (TD)
ARHA North (former Marquette)	79%	82%	92%	88%	75%	80%
ARHA South (former South Westman)	85%	82%	89%	89%	75%	85%
Manitoba	77%	75%	87%	82%	62%	62%

Source: Manitoba Health

Another large component of public health's communicable disease program is the annual influenza campaign held each year throughout September, October, and November. As the following graph indicates, the 2003 year seen a significant increase in influenza and pneumococcal vaccine rates across the region. The increased immunization rates minimized influenza outbreaks in facilities throughout Assiniboine.

	This Year	Last Year	% increase
Influenza	12297	9190	33.8%
Influenza - ARHA staff	1153	947	21.8%
Pneumococcal	2365	1215	9.2%
Grade 4 Hepatitis B	323	———	———

ASSINIBOINE REGIONAL HEALTH AUTHORITY

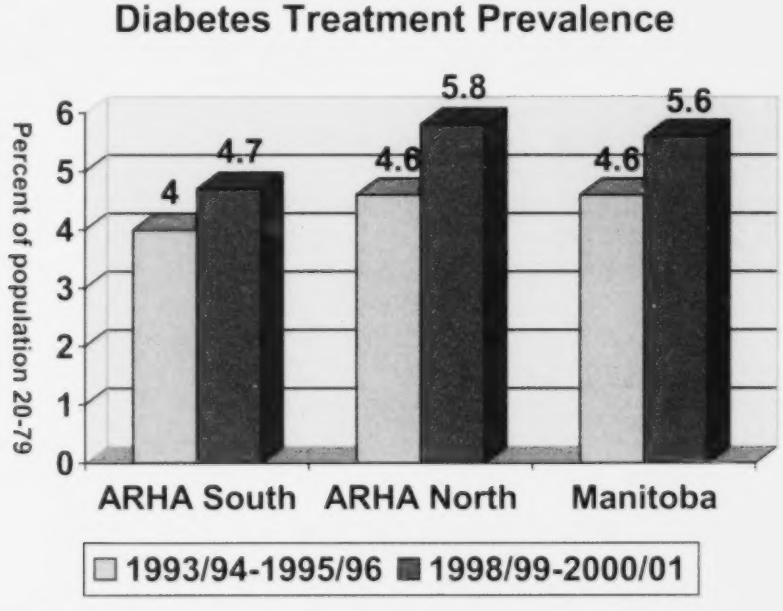
Diabetes Services

Diabetes continues to be a major concern for the Assiniboine Region, in particular with the aboriginal population. According to Manitoba Health statistics from 1998/99, 774 men per 10,000 in the Assiniboine Region had been diagnosed by a health professional as having diabetes. The rate of diagnosis of diabetes for women in the region appeared to be lower at 754 per 10,000.

The Second Annual Diabetes Gathering was held in June 2003. The gathering was held in partnership with Rolling River, Waywayseecappo, Gambler, Sioux Valley, Birdtail Sioux, Keeseekoowenin First Nations, Manitoba Metis Federation, Canadian Diabetes Association, and Brandon Regional Health Authority. The ARHA has developed a three year Regional Diabetes Program Implementation Plan. The plan focuses on three main initiatives:

1. Diabetes Education
2. Risk Factor and Complication Assessment
3. Development of the Regional Diabetes Program Steering Committee

Prairie Health Matters is a contract service out of Brandon that provides diabetes and heart health education throughout the Assiniboine Region. In the 2003/04 year, 1,086 clients were referred to Prairie Health Matters for services. In addition, 28 classes were offered throughout the region, attended by 119 clients and 28 family members.



Source: Manitoba Centre for Health Policy RHA Atlas

ASSINIBOINE REGIONAL HEALTH AUTHORITY

Health Promotion and Disease Prevention Services

Upon recommendations from community partners, the Assiniboine Health Promotion Team organized and held a public forum on October 15th, 2003, attended by 65 participants representing Municipal and Town Councils, Mental Health, Recreation, District Health Advisory Councils, Public Health, Retail Pharmacies, Canadian Cancer Society, Healthy Community Committees, Emergency Medical Services, Home Care, Alliance for the Prevention of Chronic Disease, and Interested Citizens. Ten priority areas in chronic disease prevention were identified and a Health Promotion Advisory Committee was established.

A package of useable resources for healthy eating, physical activity and tobacco reduction was developed for community groups and/or individuals. This kit was distributed to participants of the Public Forum, the Health Promotion Advisory Committee, Public Health Nurses, as well as other community members who requested a kit.

In the area of tobacco reduction, there is only one Pharmacy in the Assiniboine region that is still selling tobacco products. It is very encouraging to see that pharmacies in Assiniboine view the selling of tobacco products as a conflict of interest with their practice. The Health Promotion team made a presentation on behalf of ARHA to the All-Party Task Force on Environmental Tobacco Smoke and the ARHA Board of Directors wrote a letter to the Minister of Health supporting the All-Party Task Force recommendation of a Province Wide Ban on Smoking in public places and workplaces.

Smoker's Helpline

1-877-513-5333

Monday - Thursday
8:00 a.m. - 8:00 p.m.

Friday
8:00 a.m. - 4:00 p.m.

24 hour messaging

Canadian Cancer Society

Diagnostic Services

In the 2003/04 year, serveral upgrades were made to diagnostic equipment throughout the region. Manitoba Health provided approximately $600,000.00 to cover costs of this.

The Russell, Neepawa and Minnedosa diagnostics departments have become fully equipped with a computerized radiography suite. In computerized radiography, a digital image is formed by use of computerized equipment and is then printed on a laser printer. Because the image is digital, it becomes transferable to any e-mail address and is easily sent to Brandon Regional Health Centre for reading. This allows a much quicker return time, and is extremely beneficial in emergency situations where readings are required as soon as possible. Computerized radiography also exposes the patient to less radiation, because fewer repeats are needed.

Neepawa and Killarney have received a machine called an I-Stat machine that measures the oxygen level in the blood. This has reduced the cost of individual tests from $75.00 per test to $9.45 per test.

New electrocardiogram machines have been received in Deloraine and Virden enabling monitoring of the heart's electrical impulses.

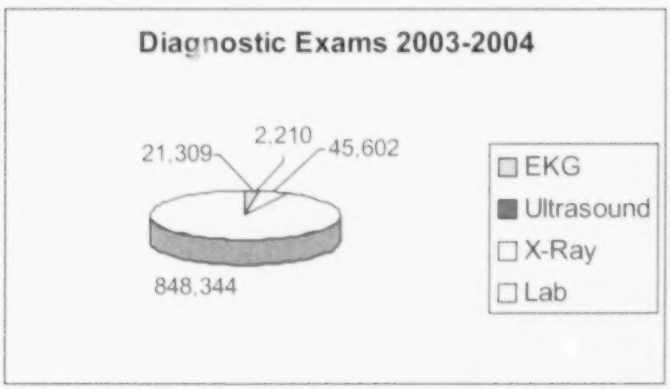
Triage Meters - with the purpose of doing Troponin I (early diagnosis of a heart attack). Triage Meters will be received at Russell, Hamiota, Minnedosa, Carberry, Treherne, Souris and Melita.

Recruitment and retention of diagnostic personnel continues to challenge the ARHA. The average age of diagnostic staff in the region is 51. It is difficult to recruit to rural Manitoba because of the lack of a cross training program where a technologist can do x-ray, lab and EKG testing.

"Approximately $600,000.00 has been spent on new diagnostic equipment."

Neepawa Lab displays computerized radiography

Souris Lab receives national "Award of Distinction"



Primary Health Care

Primary Health Care (PHC) is the first contact with our health system, but also recognizes that good health is influenced by many factors. It often takes place in a physician's office, a phone call to a health information line, a visit from a public health nurse or taking a nutrition cooking class – all are examples of primary health.

Primary Health Care is to be the first step in the **continuum** of care, emphasizing health promotion, illness prevention, care for common illnesses, and the management of on-going health problems. PHC extends beyond the traditional health sector and includes all human services that play a part in one's health. It means working together for better health. Primary Health Care is based on the following principles:

- Community Participation
- Population Health Focus
- Intersectoral and Interdisciplinary approach
- Accessibility
- Appropriateness
- Continuity of Care
- Efficiency
- Affordability and Sustainability
- Evidence-Based
- Strength-Based
- Solution-Focused
- Harm Reduction Approach

These Primary Health Care principles will be the foundation upon which the region will design, deliver, coordinate and evaluate programs and services.

The region currently has two Primary Health Care initiatives. Phase 1 has been centered on the Emergency Medical Services (ambulance) program and have included the following four key areas:

- Involving Emergency Medical Services staff in the design and implementation of a community program.
- Addressing EMS recruitment and retention challenges.
- Establishing "on-line" education training opportunities for EMS personnel.
- Providing information technology support and expansion to connect all EMS sites across the region.

Phase 2 initiative has four primary goals:

1. To improve the coordination of PHC initiatives in the region through the use of a common framework.
    - Primary Health Care "Lens" – a method to consistently apply the Primary Health Care (PHC) principles and beliefs to programs and services.
    - "One Window" approach to service delivery – to consistently provide commitment to care.
    - Ongoing enhancements to delivery (Primary Health Care, Aboriginal and Regional Diabetes Program).

2. To expand the provision of PHC services by providers who are working to the full scope of their practice and competencies.
    - To build capacity regarding Diabetes.
    - Home, Health and Safety Checklist (which is described below)
3. To enhance communities' capacity to increase their control over and improve their health.
    - Home, Health and Safety Checklist (which is described below)
    - Diabetes Health Check
4. To ensure efficiency and improve effectiveness by developing a partnership with Central RHA.

Linkage between Phase 1 & 2 of Primary Health Care (PHC) has resulted in the initiation of a community focused project that could provide an expanded role for EMS in the community.

Home, Health, and Safety Checklist – Primary Health Care in Action:

This project was designed and developed by Emergency Medical Services staff (ambulance personnel) by identifying how their pro-active community focused Paramedic positions could provide an expanded role in the community of Erickson. Erickson community partners have been involved with the design of the project, the public awareness campaign, and provided valuable feedback. Key to this project is a Home, Health, & Safety Checklist, which is offered as an "in home" visit. This checklist focuses on fire & home safety and includes the following areas: slips & fall hazards, smoke detectors, and general safety tips for the home owner. In partnership with Support Services to Seniors, the Emergency Response Information Kit (ERIK) will be explained as part of the visit with the homeowner, along with connections and/or referrals to other community health services.
Foundation for the Home, Health, and Safety checklist is a publication from Health Canada - "Safe Living Guide" which will be left in the home. A "Health Map", in an easy to read format, which is a list of programs, services and contact numbers available in the Erickson area will be provided for the homeowner. An "idea list", which is a suggestion list of low cost ideas to improve safety in the home and a 9-1-1 magnet will be given out at the time of the visit.
This Home, Health, and Safety Check is a voluntary and a free of charge service being offered at this time for residents of the Town of Erickson and close proximity to the community.

Physician Services

Throughout the past year, the Assiniboine Regional Health Authority has experienced a significant turnover in family physicians. Although 2003 saw a slightly higher turnover rate than previous years, this has and continues to be an ongoing challenge in rural areas.

At full complement, the Assiniboine Regional Health Authority employs 59 full-time physicians and 9 part-time physicians. These physicians work out of twenty five medical clinics.

Five communities rely on a one in two physician on-call rotation to provide 24 hour, seven day a week coverage, and several clinics participate in a multi-community shared on-call schedule to provide less Emergency Room coverage per physician. Of the twenty Assiniboine communities providing acute care and emergency services, only four locations have five or more family physicians.

Since the beginning of 2003, eighteen physicians have left the Assiniboine Region. Of these physicians, some retired and some pursued specialty training. However, the most common reason expressed for leaving the region was onerous amounts of on-call time, lack of time for continuing medical education and vacation (due in part to the inability to access locum coverage), and not being able to access specialists in a timely manner.

Although many physicians have left their practices in Assiniboine, the region has also been fairly successful in its recruitment efforts. Due to a change in regulation for physician licensure in Manitoba, effective July 2003, the region has recruited International Medical Graduates primarily trained in Middle Eastern countries. The region successfully recruited nine physicians over the last year. Recruitment costs for the Assiniboine Region in the 2003/2004 fiscal year were in excess of $150,000.00.

Due both to the change in the type of physicians being recruited to the Region, as well as a need identified by recently recruited physicians, the Assiniboine Regional Health Authority has implemented a regional orientation program for all new International Medical Graduates beginning medical practice in the region. This need was also identified in the recently released *Rural Physician and Health Services Review* Report. The purpose of this orientation will be:

1. To provide an individualized orientation program to International Medical Graduates entering practice in the Assiniboine region;
2. To further assess the experience, skills, knowledge and readiness of Physicians entering practice in the Assiniboine region;
3. To provide seasoned mentorship (beyond that provided through practice advisors) to new Physicians entering practice in the Assiniboine region;
4. To determine and support further continuing education and skills development required by new Physicians.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

In addition to the Regional Orientation Program, all International Medical Graduates will receive the Assiniboine Regional Health Authority Physician Handbook. This Handbook has been developed in collaboration with the Medical Advisory Committee and the Vice President of Medical Services to provide new physicians with a comprehensive introduction to not only the Manitoba medical system, but to Manitoba in general.

Although the Assiniboine Regional Health Authority relies heavily on off-shore physician recruitment, the region continues to work cooperatively with the Office of Rural Northern Health and the University of Manitoba Medical Students to promote the region to Manitoba graduates. The region hosted a session in early January, 2004 to 1st, 2nd, and 3rd Year University of Manitoba medical students. The event was very successful with a large turnout.

ARHA Medical Advisory Committee Members:

Dr. Chris Burnett
Dr. Mike Fitzgerald
Dr. Walter Swaenepoel
Dr. Andre Celliers
Dr. Elize Barnard
Dr. Doug Beauchamp
Dr. Dan Onyshko
Dr. David Cram
Dr. Kiron Mallick
Dr. Allan Ranson
Dr. Rob Poettcker
Dr. Elise Weiss
Dr. Anita Vermaak
Dr. Marius van Vuuren

One of Neepawa Health Centre's surgical teams.

Pharmacy Services

Human resource issues have challenged the ability to provide pharmacy services to Personal Care Homes and hospitals previously serviced by the "in house" pharmacy program. As a result, Geri Aid has been contracted to provide services to additional Personal Care Homes. Below is a summary of services:

Acute Care Pharmacy Services		
ARHA program	186 beds	(10 hospitals)
Retail	16 beds	(1 hospital)
Brandon Health Centre	162 beds	(10 hospitals)

Personal Care Home Services		
ARHA program	142 beds	(2 PCHs)
Retail	342 beds	(10 PCHs)
Geri-Aid	433 beds	(16 PCHs)

Regional Dietitian Services

The ARHA employs five Registered Dieticians (RDs) in 4.4 EFT positions and a further contract service.

The RDs provide clinical dietician services across the remainder of the ARHA. While they provide nutritional assessment and counselling for some in-patients and out-patients, the major focus of their service takes place in the Long Term Care program where they provide initial and ongoing nutritional assessments and follow-up of the ARHA's 917 PCH residents.

Over the past year, the RDs have taken on a major role in the development of the regional Feeding and Swallowing Difficulties Management program in Long Term Care as per the mandate provided by Manitoba Health.

As well, the team has established seasonal regional menus, therapeutic checklists for those residents requiring specialized diets, standardized regional recipes, and worked on regional nutritional policies and procedures. They participate at care conferences and discharge planning at the various facilities. They provide nutritional consultation and education for staff in general and they have been involved in health promotion activities related to Nutrition Month and chronic disease prevention in general.

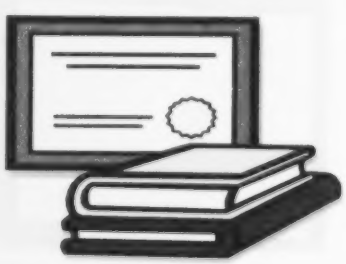
Accreditation

Ten Care and Support Quality Improvement teams were formed in the region in late 2002 and early 2003, meeting the challenge of merging the former South Westman and Marquette Accreditation teams that existed prior to amalgamation. The purpose of these teams is to assess the services and activities of the Assiniboine Regional Health Authority against national standards as developed by the Canadian Council on Health Services Accreditation (CCHSA). The ten teams that are currently working with the standards include Leadership and Partnerships, Acute Care (includes a Maternal/ Child Services subcommittee), Long Term Care, Home Care, Mental Health, Community Services, Cancer Care Services, Environment, Information Management, and Human Resources. The teams are identifying areas for improvement and developing plans to work towards and to measure the improvements. The first formal survey of the amalgamated region is scheduled to take place in March, 2005.

Aboriginal Health

The ARHA has developed a regional one year action plan to engage Aboriginal groups (Registered under the Indian Act, non-status, Metis and Inuit) in the development of a regional Aboriginal-specific health strategy.

The overall goal of this Assiniboine Aboriginal-specific health strategy is to engage Aboriginal groups in collaborative planning and implementation of strategies to improve the provision of culturally appropriate health services; and to improve communication and coordination of health services between the ARHA and Aboriginal groups. To that end, the ARHA approved funding for a Regional Aboriginal Health Coordinator. Recruitment to that position was completed by the end of March 2004.



Education Services

The Education Services Team consists of a regional coordinator, four education coordinators and a part time administrative assistant. This department identifies and responds to the learning needs of Assiniboine Regional Health Authority's 3100 employees. This includes the development and facilitation to educational resources. Education Services provides access to educational opportunities using a variety of delivery methods.

1,011 staff members accessed inservices in the region over the past year.

Implementation of an ARHA Infection Control Program is ongoing with a regional Infection Control Manual available at each site for staff reference. Tracking of Infection rates is carried out at each site and entered into a regional database for reporting and statistical purposes.

A Regional Post Exposure Protocol has been revised to keep in line with provincial guidelines and is in place at each facility and program.

A Regional Recruitment and Retention committee has been formed with guidelines and terms of reference in place. These guidelines are utilized by the Education Services team in their approval of education funding for nursing staff from the Recruitment and Retention Fund.

A regional student placement policy and process has been approved and implemented throughout the region and circulated to the educational institutions that utilize our facilities and programs for practical experiences.

A Regional Feeding and Swallowing Difficulties Management Program for Long Term Care was implemented. This is the training of all targeted facility staff in a one-hour inservice on managing feeding and swallowing difficulties in Long Term Care clients. This training is targeted for all Personal Care Home staff.

An educational needs assessment was done to identify the top three educational requirements in the facilities/sites/programs. The top five priorities were: Wound Care, Advanced Cardiac Life Support, Charting Legalities, Lifts and Transfers and Infection Control Issues.

The education services team has developed and circulated information pamphlets on Infection Control and the Education Program. Numerous Self Learning Packages have been developed and distributed to all sites and programs for staff use.

Educational sessions delivered in the ARHA in 2003/04:

Non Violent Crisis Intervention
Abuse
Feeding and Swallowing
Documentation
Leadership Training
Post Exposure Protocol
Staff Wellness and Burnout
Neonatal Resuscitation Provider
Trauma Nursing Core Course
Advanced Cardiac Life Support
Central Sterilizing Room
Infection Control
Obstetrical Shadowing
Emotional and care need of residents
Continued Competencies
Nursing Standards
Food Safe
Managing Challenging Behavior
Rhythm Recognition
Literacy and Health
Dietary Aide
Asthma Trek
Resident Rights
IV Therapy
Wound Care

and more....

ASSINIBOINE REGIONAL HEALTH AUTHORITY

Human Resources

The ARHA employs approximately 3,100 employees, the majority of which are members of one or more of five bargaining units. These units include:

- Manitoba Nurses' Union
- Canadian Union of Public Employees
- Manitoba Government & General Employees Union (2 units)
- Manitoba Medical Association

Over the last year the ARHA has worked closely with representatives of the Manitoba Nurses' Union, Canadian Union of Public Employees, and Manitoba Government and General Employees Union (MGEU) Professional/Technical and Community Support Bargaining Units to seek / finalize certification merger of the former Marquette and South Westman Labour Board Certificates. At present, the MGEU Labour Board Certificates remain outstanding.

The ARHA has been presented with a unique set of administrative and leadership challenges that range from the vast geographic expanses of the new region, and the differences in policy, procedure, and collective agreement interpretations and implementation. The ARHA continues to standardize human resources policies, procedures, position descriptions, and collective agreement interpretations.

Recruitment Efforts:

Assiniboine Regional Health Authority has participated in a variety of recruitment fairs over the past fiscal year. Some events included:

1. Rural Nursing students luncheon (with Brandon University)
2. Assiniboine Community College Career Fair
3. Brandon University Psych Nursing Career Fair
4. Brandon Career Symposium
5. Manitoba Metis Federation Career Fair

The ARHA website also contains external job postings. In addition to Assiniboine's website, all postings are also advertised on the Career Section of Manitoba Health's website and Human Resources Development Canada website.

Information Technology

The Information Technology (IT) Department consists of a Chief Information Officer, IT Technician, and IT assistant; complimented by a half time contracted service.

The IT department provides technical support for over 400 users and computers. There are 38 servers in the region providing regional staff scheduling, payroll, financials, file and print services as well as email and internet services. The provincial MB Health patient abstracting, ICD10 application was installed for implementation in the ARHA for April 1, 2004. The ICD10 program interfaces to the three admission/ discharge/transfer applications within the ARHA.

During the fiscal year 2003/2004 the roll-out of the Assiniboine WAN (wide area network) to the remaining eight acute care facilities was completed. This project including cabling the buildings and adding servers to the Provincial Data Network. In cases where practical, the Long Term Care facilities were cabled and are also connected to the WAN.

This connectivity enables region-wide access to the newly implemented;

- Occurrence Reporting database
- Infection Control database
- Emergency Services Continours Quality Improvement database

Emergency Medical Service stations received significant workstation upgrades, along with the network connection, to enable all EMS personnel the ability to access web based learning. This was completed under the Primary Health Care Phase I project to promote ongoing education and training to enhance recruitment and retention.

The Regional staff trouble desk documented 964 calls during the 2003/2004 year. The volume of trouble calls is down from the previous year, which indicates an increase in computer competency of users, and improvement of hardware.

The IT training centres were completed in the Shoal Lake (10 seats) and Souris (6 seats) Health Centres, with the first training sessions being the Health Records Technicians' training for the ICD10 abstracting application.

Future Planning

1. Further roll-out of the ARHA WAN (wide area network) to the balance of Long Term Care facilities, and satellite offices.
2. Implement region-wide materials management database
3. Implement region-wide diabetes assessment database
4. Implement IT training program schedule
5. Consolidate CPI (central persons index) within the Siemens system – in partnership with BRHA
6. Implement further ADT (admission, discharge, transfer) application to ARHA facilities
7. Address need for Disaster Recovery
8. Infrastructure enhancements to position the region for provincial initiatives readiness

Future Planning – Provincial Initiatives

1. iPHIS – Public Health Information System
2. LIS – Laboratory Information System
3. RIS – Radiology Information System
4. CR – Computed Radiography
5. PACS – Picture Archiving and Communications System

Finance Services

The Assiniboine Regional Health Authority Financial Services Department is responsible for financial and statistical budgeting, recording and reporting in accordance with generally accepted accounting principles, Board policy and Manitoba Health policies and guidelines.

The amalgamation of the former Marquette and South Westman Regional Health Authorities has had a significant impact on the Financial Services department. The following changes have occurred since amalgamation:

- Amalgamation of the General Ledger November 2003
- Centralization of the Accounts Payable functions September 2003
- Amalgamation of the region's payroll to an in-house system January 2003. (This resulted in annual savings of approximately $20,500)
- Implementation of the five remaining sites onto the Staff Scheduling system (ESP)
- Centralization of the Finance staff at the Corporate Office October 2003. (This resulted in the reclassification of one Accountant position to Information Technology)
- Review of the Staff Scheduling system (ESP)

While a great deal of work and changes have occurred within the Financial Services department, many financial procedures and practices still need to be streamlined and standardized.

Capital Planning

The following is a list of the 2003 – 2004 capital projects:
In addition to the above major capital and life safety projects, an additional forty-one projects

Community	Project	Cost	Status
Boissevain	Boiler Replacement	39,024.30	Completed
Minnedosa	Boiler Repair	14,479.14	Completed
Treherne	Asbestos Removal	20,162.92	Completed
Neepawa	Drainage Improvement	18,634.05	In progress
Boissevain	Clinic Renovations*	614,837.00	In progress
Treherne	Interior Wall Re-construction	271,250.00	In progress
Virden	Replace Dry Sprinkler System	132,163.09	In progress
Deloraine	Roof Repair	168,987.30	In progress
Deloraine (Bren-Del-Win)	Roof Repair	64,048.00	In progress
Virden	Air Conditioning	7,155.98	In progress
Russell	Hemodialysis Renovation	812,800.00	In progress
Neepawa	Chemotherapy Addition	1,205,709.00	In progress
Neepawa	Personal Care Home Project	16,400,000.00	In progress

- Jointly funded by Manitoba health, the Assiniboine Regional Health Authority, the Town of Boissevain, the R.M. of Morton, and the R. M. of Whitewater.

totalling $294,011.00 (not including furniture and equipment) were approved and funded by the Assiniboine Regional Health Authority from Reserves, Restricted Equity, and Restricted Donations.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

For the Year Ended March 31, 2004

All donations received by a health care facility or service within the Assiniboine Regional Health Authority are restricted for the sole purpose of that facility or service.

Baldur Health District	$ 72,886.55
Birtle Health Centre	122,041.81
Boissevain Health Centre	87,907.46
Carberry Health Centre	70,586.04
Davidson Health Centre	3,109.73
Deloraine Health Centre	62,822.04
East View Lodge	330,121.62
Elkwood Manor	7,776.62
Erickson Health Centre	10,305.05
Glenboro Health District	134,844.16
Hamiota Health Centre	18,457.39
Hartney Community Health Centre	24,615.79
Melita Health Centre	404,137.24
Minnedosa Health Centre	49,172.29
Neepawa Health Centre	152,080.74
Reston Health Centre	24,154.74
Rivers Health Centre	104,987.44
Rossburn Health Centre	17,556.09
Russell Health Centre	80,094.46
Sandy Lake Personal Care Home	33,170.04
The Sherwood	8,069.52
Shoal Lake/Strathclair Health Centre	78,838.71
Souris Health District	70,799.50
Tiger Hills Health District	256,030.09
Tri Lake Health Centre	7,014.91
Virden Health Centre	95,318.87
Wawanesa Community Health Centre	4,986.72
Westman Nursing Home	63,310.48
Westview Lodge	30,464.01
Regional Donations - Assiniboine	178,107.41
	$ 2,603,767.52

Note: The above list does not include EMS, Handi-Transit, or Elderly Persons Housing Donations nor Restricted Equity funds from the 1997 transfer agreements.

Assiniboine Regional Health Authority

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To the Board of Assiniboine Regional Health Authority:

Management is responsible for the preparation and presentation of the accompanying consolidated financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian generally accepted accounting principles and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the consolidated financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors and Audit Committee are composed entirely of Directors who are neither management nor employees of the organization. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Audit Committee has the responsibility of meeting with management and external auditors to discuss the internal controls over the financial reporting process, auditing matters and financial reporting issues. The Audit Committee is also responsible for recommending the appointment of the organization's external auditors.

Meyers Norris Penny LLP, an independent firm of Chartered Accountants, is appointed by the Board to audit the consolidated financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Audit Committee and management to discuss their audit findings.

June 14, 2004

Chief Executive Officer

Chief Financial Officer

To the Board of Directors of Assiniboine Regional Health Authority:

We have audited the consolidated statement of financial position of Assiniboine Regional Health Authority as at March 31, 2004 and the consolidated statements of operations and changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Assiniboine Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Assiniboine Regional Health Authority as at March 31, 2004 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles as described in Note 2.

The comparative figures for the year ended March 31, 2003 were audited by other auditors, who expressed an opinion without reservations in their report dated June 19, 2003.

Meyers Norris Penny LLP

Brandon, Manitoba

June 14, 2004

Chartered Accountants

Assiniboine Regional Health Authority

Consolidated Statement of Financial Position

As at March 31, 2004

	2004	2003
Assets		
Current Assets		
Cash	8,133,825	9,702,406
Marketable securities	3,201,843	3,063,007
Accounts receivable (Note 3)	1,287,001	1,548,282
Due from Manitoba Health (Note 4)	-	120,658
Deferred vacation entitlement (Note 5)	6,484,052	5,271,966
Inventories	1,325,251	1,225,023
Prepaid expenses	298,080	191,858
	20,730,052	21,123,200
Deferred retirement obligation (Note 6)	8,669,925	7,265,654
Capital assets (Note 7)	76,220,429	77,450,923
Trust assets	89,886	75,796
	105,710,292	105,915,573
Liabilities and Net Assets		
Current Liabilities		
Lines of credit (Note 8)	1,241,150	944,624
Accounts payable and accrued liabilities	6,238,156	7,233,855
Due to Manitoba Health (Note 4)	1,505,139	-
Current portion of long-term debt (Note 9)	617,516	444,325
Deferred vacation entitlement (Note 5)	6,484,052	5,271,966
	16,086,013	13,894,770
Long-term debt (Note 9)	10,774,124	11,538,023
Capital lease obligations	11,486	28,194
Deferred retirement obligation (Note 6)	8,669,925	7,265,654
Deferred contributions (Note 10)	66,947,795	69,184,443
Trust liabilities	89,886	75,796
	102,579,229	101,986,880
Commitments and contingencies (Note 13)		
Net Assets		
Invested in capital assets	3,569,203	3,920,887
Internally restricted (Note 12)	60,729	60,729
Unrestricted	(498,869)	(52,923)
	3,131,063	3,928,693
	105,710,292	105,915,573

Approved on behalf of the Board:

Director _____ **Director** _____

The accompanying notes are an integral part of these financial statements

Assiniboine Regional Health Authority
Consolidated Statement of Operations
For the year ended March 31, 2004

	2004	2003
Revenues		
Manitoba Health operating income (Note 11)	**100,254,602**	93,880,837
Authorized residential charges	**11,704,727**	11,745,666
Amortization of deferred contributions	**4,030,958**	3,973,627
Other income	**3,017,548**	3,132,025
Ancillary	**1,298,735**	908,121
Province of Manitoba	**1,332,189**	853,475
	121,638,759	114,493,751
Expenses		
Acute care	**38,067,038**	40,362,808
Long-term care	**41,592,307**	36,245,374
Community-based home care services	**9,618,233**	9,292,063
Medical remuneration	**9,944,685**	9,314,229
Community-based health services	**4,247,241**	3,428,354
Land ambulance	**3,638,322**	3,168,644
Community-based mental health services	**1,408,012**	1,279,347
Community-based therapy services	**741,497**	717,291
Community-based services administration	**493,983**	565,016
	109,751,318	104,373,126
Other Undistributed Costs		
Regional health authority costs	**5,481,244**	4,797,740
Amortization of capital assets	**4,327,157**	4,089,205
Interest on long-term debt	**466,597**	456,227
Ancillary	**1,220,785**	877,727
Pre-retirement	**507,130**	470,294
Transition, job action costs and other	**434,233**	356,593
Total expenses and other undistributed costs	**12,437,146**	11,047,786
Excess (deficiency) of revenues over expenses	**(549,705)**	(927,161)

The accompanying notes are an integral part of these financial statements

Assiniboine Regional Health Authority
Consolidated Statement of Changes in Net Assets
For the year ended March 31, 2004

	Invested in Capital assets	*Internally Restricted*	*Unrestricted*	**2004**	2003
Balance, beginning of year	3,920,887	60,729	(52,923)	**3,928,693**	2,809,362
Change in statement presentation					
Equity for EPH				-	306,581
MRHA 2002 net income				-	160,523
2000 In-Globe recovery				-	1,668,314
Balance, beginning of year as restated	3,920,887	60,729	(52,923)	**3,928,693**	4,944,780
Transfer to deferred contributions	(3,997)			**(3,997)**	(88,926)
Investment in capital assets	(347,687)		347,687	-	-
Excess (deficiency) of revenues over expenses			(549,705)	**(549,705)**	(927,161)
Transfer to MHRC payable			(39,950)	**(39,950)**	-
Reclassification from prior year			(203,978)	**(203,978)**	-
Balance, end of year	**3,569,203**	**60,729**	**(498,869)**	**3,131,063**	3,928,693

The accompanying notes are an integral part of these financial statements

Assiniboine Regional Health Authority

Consolidated Statement of Cash Flows

For the year ended March 31, 2004

	2004	2003
Cash Flows from Operating Activities		
Excess (deficiency) of revenues over expenses	(549,705)	(927,161)
Adjustments for		
Loss (gain) on disposal of capital assets	(54,122)	12,002
Amortization of deferred contributions	(4,030,958)	(3,973,627)
Amortization of capital assets	4,327,157	4,089,205
	(307,628)	(799,581)
Changes in non-cash working capital balances		
Accounts receivable	261,281	(421,360)
Inventories	(100,228)	73,975
Prepaid expenses	(106,222)	225,645
Marketable securities	(138,836)	(144,467)
Due from (to) Manitoba Health	1,625,797	2,535,290
Accounts payable and accrued liabilities	(995,699)	1,420,177
	238,465	2,889,679
Cash Flows from Investing and Financing Activities		
Change in capital assets	(3,096,663)	(3,870,399)
Increase in deferred contributions	1,794,310	6,795,866
Increase (decrease) in long-term debt	(310,890)	(1,525,696)
Increase (decrease) in net assets	(193,803)	-
	(1,807,046)	1,399,771
Increase (decrease) in cash and cash equivalents during the year	(1,568,581)	4,289,450
Cash and cash equivalents, beginning of year	9,702,406	5,412,956
Cash and cash equivalents, end of year	8,133,825	9,702,406

The accompanying notes are an integral part of these financial statements

1. Purpose of the organization

The Assiniboine Regional Health Authority is a non-profit organization incorporated without share capital under the laws of Manitoba. Through participation and teamwork, the Assiniboine Regional Health Authority's mission is to share in enhanced well-being through the delivery of quality health services, within available resources, that are responsive to the needs of the population

The organization is a registered charity and, as such, is exempt from income taxes and may issue income tax receipts to donors.

2. Significant accounting policies

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

Revenue recognition

The Health Authority follows the deferral method of accounting for contributions including government grants and donations.

The Health Authority is funded primarily through grants from Manitoba Health. Operating grants are recorded as revenue in the period to which they relate. In accordance with funding arrangements with Manitoba Health, estimated final settlements are accrued in the fiscal period to which they relate. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Where a grant or other restricted contribution is received but relates to expenses of one or more future periods, it is deferred and recognized as revenue in the same period as the related expenses are recognized. Contributions restricted for the purchase of capital assets or to repay a mortgage as a lump sum are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

Contributed services

A number of individuals donate significant amounts of time to the Health Authority's activities. No amount is reflected in the statements for donated services since no objective basis is available to measure the value of such services.

Marketable securities

Marketable securities are valued at the lower of cost and market value. These marketable securities have a fair market value of $3,261,357 as at March 31, 2004, with interest rates ranging from 4.75% to 8.75% and maturing from December 1, 2005 to June 1, 2029.

Inventories

Inventory is valued at the lower of cost and net realizable value. Cost is determined by the first-in, first-out method.

Capital assets

Capital assets are initially recorded at cost. Amortization is provided using the straight-line method at rates intended to amortize the cost of assets over their estimated useful lives.

	Method	Rate
Buildings	straight-line	10-40 years
Equipment, computers, vehicles, ambulance equipment	straight-line	5-10 years
Land improvements	straight-line	15 years

2. **Significant accounting policies** ***(continued)***

Retirement entitlement obligations

The Health Authority applies the accounting recommendations for employee future benefits contained in *Section 3461* of the *Canadian Institute of Chartered Accountants' Handbook*.

Basis of consolidation

The following entities have been consolidated into these financial statements as at March 31, 2004 respectively.

Hamiota District Health Centre Inc. Lilac Residence (East Wing)
Hamiota District Health Centre Inc. Lilac Residence (North Wing)
Morley House of Shoal Lake Elderly Persons Housing
Morley House of Shoal Lake Lakeshore Lodge
Pioneer Lodge Inc.
Riverdale Personal Care Home Inc. Westwood Lodge
Tiger Hills Villa Inc.

The financial statements of the above entities are prepared in accordance with the accounting principles required by Manitoba Housing and Renewal Corporation (MHRC). The differences in accounting policies used by the above entities and Assiniboine Regional Health Authority would not result in significant changes to these consolidated financial statements.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in earnings in the periods in which they become known.

3. **Accounts receivable**

	2004	*2003*
Trade receivables	**1,231,699**	1,487,591
GST receivable	**181,340**	179,666
Allowance for doubtful accounts	**(126,038)**	(118,975)
	1,287,001	**1,548,282**

4. Due from (to) Manitoba Health

	2004	*2003*
Out-of-Globe 2003/2004	**(898,337)**	-
Out-of-Globe 2002/2003	**(606,802)**	120,658
	(1,505,139)	120,658

In-Globe Funding

In-Globe funding is funding approved by Manitoba Health for Regional Health Authority programs unless otherwise specified as Out-of-Globe funding. This includes volume changes and price increases for the five service categories of Acute Care, Long-term Care, Community and Mental Health, Home Care and Emergency Response and Transport. All additional costs in these five service categories must be absorbed from within the global funding provided.

Any operating surplus greater than 2% of budget related to In-Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time, Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Under Manitoba Health policy the Regional Health Authority is responsible for In-Globe deficits, unless otherwise approved by Manitoba Health.

Out-of-Globe Funding

Out-of-Globe funding is funding approved by Manitoba Health for specific programs.

Any operating surplus related to Out-of-Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Health Authority, or repaid to Manitoba Health.

Conversely, any operating deficit related to Out-of-Globe funding arrangements is recorded on the statement of financial position as a receivable from Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time, Manitoba Health determines their final funding approvals, which indicate the portion of the deficit that will be paid to the Health Authority. Any unapproved costs not paid by Manitoba Health are absorbed by the Health Authority.

5. Deferred vacation entitlement

The liability for the accrued vacation entitlement together with the appropriate amount receivable from Manitoba Health has been recorded.

6. Deferred retirement obligation

	2004	*2003*
Members of the Health Employees Pension Plan	**7,545,925**	6,258,454
Members of the Civil Service Superannuation Plan	**1,124,000**	1,007,200
	8,669,925	7,265,654

Accrued retirement entitlement

The Health Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Health Employees Pension Plan is to pay out four days of salary for each year of service upon retirement if the employee complies with one of the following conditions:

i) has ten years service and has reached the age of 55 or
ii) qualifies for the "eighty" rule which is calculated by adding the number of years service to the age of the employee or
iii) retires at or after age 65 or
iv) terminates employment at any time due to permanent disability

The Health Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Civil Service Superannuation Plan, employed by Manitoba Health on or before May 2, 2003, is to pay out, at retirement to employees who have reached the age of 55 and have nine or more years of service, the following severance pay:

- one week of severance pay for each year of service up to 15 years of service
- two weeks of additional severance pay for each increment of five years service past the 15 years of service up to 30 years of service

Funding for the retirement obligation is recoverable from Manitoba Health on an out of globe basis in the year of payment.

6. Deferred retirement obligation *(continued)*

Pension plans

Most of the employees of the Authority are members of the Health Employees Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees. Plan members will receive benefits based on length of service and on the average annualized earnings calculated on the best five of the eleven consecutive years prior to retirement, termination or death, that provide the highest earnings. The costs of the benefit plan are not allocated to the individual entities within the related group. As a result, individual entities within the related group are not able to identify their share of the underlying assets and liabilities. Therefore the plan is accounted for as a defined contribution plan in accordance with the requirements of the *Canadian Institute of Chartered Accountants' Handbook, Section 3461*.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing plan assets in trust and through the Plan investment policy. Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, together with the 5% of basic annual earnings up to the Canada Pension Plan ceiling contributed by employees, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the plan as at December 31, 2002, indicates that the plan is fully funded. Actual contributions to the plan made during the year by the Authority on behalf of its employees amounted to $2,734,370 (2003 - $2,546,102) and are included in the statement of operations.

Some of the employees of the Authority are eligible for membership in the provincially operated Civil Service Superannuation Plan. The pension liability for Authority employees is included in the Province of Manitoba's liability for Civil Service Superannuation Fund. Accordingly, no provision is reflected in the financial statements relating to the effects of participating in the Plan by the Authority and its employees.

7. Capital assets

	2004			*2003*
	Cost	*Accumulated Amortization*	***Net Book Value***	*Net Book Value*
Land	518,043	-	**518,043**	499,413
Land improvements	2,265,646	1,498,421	**767,225**	806,694
Buildings	92,013,908	32,343,411	**59,670,497**	53,826,661
Equipment, computers, vehicles, ambulance equipment	46,725,855	38,346,786	**8,379,069**	8,040,568
Construction in progress	6,885,595	-	**6,885,595**	14,277,587
	148,409,047	72,188,618	**76,220,429**	77,450,923

8. Lines of credit

The Assiniboine Regional Health Authority has $4,200,000 authorized lines of credit bearing interest at the bank's prime rate minus 0.65%. Security provided on these lines of credit include an overdraft borrowing agreement and a letter of comfort from Manitoba Health.

9. Long-term debt

	2004	*2003*
Mortgages payable to Canada Mortgage and Housing Corporation at interest rates from 4.97% to 10.50%, due from October 1, 2006 to May 1, 2029, with monthly payments of principal and interest from $149 to $6,750, secured by buildings.	**7,794,865**	8,111,106
Mortgages payable to Manitoba Housing and Renewal Corporation at interest rates from 7.75% to 10.75%, due from December 31, 2022 to December 31, 2023, with monthly payments of principal and interest from $5,478 to $6,479 secured by buildings.	**1,296,488**	1,321,689
Mortgage payable to Tiger Hills Credit Union Limited, at 5.00%, monthly payments of $8,684 principal and interest, secured by a first charge against the Tiger Hills Villa land and buildings, a general assignment of all rents and leases and a chattel mortgage covering the appliances in the Tiger Hills Villa.	**1,134,537**	1,181,337
Demand loans payable to Royal Bank at prime less 0.50%, with monthly interest only payments.	**20,004**	26,700
Flex loans payable to Royal Bank at variable rates, due every 91 days, payments of principal and interest, due at the end of the term, secured by a Manitoba Health guarantee.	**1,128,946**	1,303,116
Debentures payable at 13.38%, due from October 31, 2003 to November 15, 2004, repayable in monthly payments of principal from $900 to $1,400 plus interest secured by the building and an implicit guarantee by Manitoba Health.	**16,800**	38,400
	11,391,640	11,982,348
Less current portion	**617,516**	444,325
	10,774,124	11,538,023

Principal repayments for the next five years and thereafter are as follows:

2005	617,516
2006	625,433
2007	604,284
2008	611,010
2009	550,971
Thereafter	8,382,426
	11,391,640

10. Deferred contributions

Expended and unexpended deferred contributions represent restricted capital funding received from Manitoba Health.

Expended deferred contributions related to capital assets represent the unamortized amount of funds received for the purchase of capital assets and the lump sum repayment of capital debt. The amortization of capital deferred contributions is recorded as revenue in the statement of operations.

Unexpended deferred contributions related to expenses of future periods represent unspent externally restricted grants for equipment, major repairs, construction and other expenses.

Other deferred contributions represent donations were received from other sources restricted by site or by program for the purchase of capital assets or other items, as per the donor's request.

	Expended	Unexpended	Other	2004	2003
Balance, beginning of year	61,225,994	4,868,083	3,090,366	69,184,443	44,645,350
Change in statement presentation				-	(249,492)
Reclassification to deferred contributions				-	21,966,346
Beginning of year, as restated	61,225,994	4,868,083	3,090,366	69,184,443	66,362,204
Funding Manitoba Health	2,600,604	1,140,909		3,741,513	2,891,901
Donations received			933,223	933,223	1,363,189
Interest earned		5,599	139,745	145,344	73,107
Other receipts		34,246		34,246	973,879
Capital asset purchases	2,593,769	(1,281,882)	(859,054)	452,833	569,447
Re-classification to payables		(1,275,840)	(577,650)	(1,853,490)	(245,968)
Amortization	(3,969,412)	(6,562)		(3,975,974)	(3,699,666)
Deferred income-other			5,969	5,969	1,056,873
Principal payments on other obligation	(1,061,084)			(1,061,084)	-
Reclassification	(1,069,151)	409,923		(659,228)	-
Transfer to net assets				-	(160,523)
Balance, end of year	60,320,720	3,894,476	2,732,599	66,947,795	69,184,443

11. Manitoba Health operating income

	2004	2003
Revenue as per Manitoba Health's final funding document	**104,797,861**	97,328,984
Add:		
CUPE wage parity	-	1,104,768
MGEU community support	35,297	264,722
MGEU professional technical	317,997	68,499
MNU related funding	-	97,683
Accreditation survey fees	29,376	26,400
Pre-retirement leave	107,130	70,294
Past commitments	-	167,761
Long-term care adjustment	-	300,000
Pharmacists' bonus adjustment	-	1,707
Principal on approved borrowing	-	27,549
Pharmacists' R & R bonuses	84,045	52,954
ER on Call 2001/2002 Retro	-	106,480
Authorized and residential charges 2002/2003	34,409	-
MMA wage settlements 2002/2003 & 2003/2004	327,515	-
Community Health Assessment	69,891	-
Nursing Safety & Security	37,864	-
ICD-10 Project	23,949	-
Primary Health Care Phase 1	133,709	-
Primary Health Care Phase 2	125,899	-
	1,327,081	2,288,817
Deduct:		
Authorized and residential charges	(677,357)	(750,287)
Capital interest	(47,863)	(49,801)
Medical remuneration	(799,649)	(616,807)
CUPE wage parity 2002/2003	(1,375)	-
Other miscellaneous	(675)	-
	(1,526,919)	(1,416,895)
Total funding approved by Manitoba Health	104,598,023	98,200,906
Deduct:		
Amounts recorded as deferred contributions:		
Capital funding	(3,017,360)	(2,891,901)
Capital interest on loans reclassified to deferred contributions	(1,326,061)	(1,428,168)
	100,254,602	93,880,837

12. Internally restricted net assets

The Board of Directors has restricted $60,729 (2003 - $60,729) in net assets as this amount represents insurance proceeds received due to a fire and destruction of an ambulance. The funds have been internally restricted for the purchase of an ambulance in future years.

13. Commitments and contingencies

The nature of the health care industry's activities is such that there is usually litigation pending or in prospect at any time. With respect to claims at March 31, 2004 management believes the Authority has valid defenses and appropriate insurance coverage in place. In the event any claims are successful, management believes that such claims are not expected to have a material effect on the Authority's financial position.

On July 1, 1987, a group of health care organizations, ("subscribers"), formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts, which permit person's reciprocal contracts of the indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces of Ontario, Manitoba, Saskatchewan and Newfoundland. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, of any experienced by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to March 31, 2004.

14. Financial instruments

The organization as part of its operations carries a number of financial instruments. It is management's opinion that the organization is not exposed to significant interest, currency or credit risks arising from these financial instruments except as otherwise disclosed.

Fair value disclosure

The carrying values of current financial assets and liabilities approximate their fair values, due to the short-term nature of these instruments.

The carrying value of the Health Authority's floating rate long-term debt approximates its fair value, because interest charges under the terms of the debt are based upon current Canadian bank prime rates.

It is not practicable within the constraints of timeliness or cost to determine the fair value of investments in or advances to and from related entities including Manitoba Health, because these instruments are not traded in an organized financial market.

15. Economic dependence

Assiniboine Regional Health Authority receives a substantial portion of its revenue from Manitoba Health.

16. Financial information at different dates

The following entities have been consolidated into these financial statements as at December 31, 2003:

Baldur Handi-Van Service
Glenboro Handi-Van Service
Hartney Handi-Transit
Souris Handi-Transit
Tiger Hills Handi-Van Service

These entities have not been reported as at March 31, 2004 due to the reporting requirements of their funding agency: The Province of Manitoba – Department of Highways and Transportation. There have been no significant transactions in the intervening period between December 31, 2003 and March 31, 2004, and their revenues and expenses for the three-month intervening period have not been prepared since these entities are not significant to the Assiniboine Regional Health Authority as a whole.

17. Accounting treatment for Foundations

Assiniboine Regional Health Authority has not disclosed the inter-relationships nor the degree of economic dependence with its Foundations because the group of controlled organizations is comprised of a large number of organizations that are individually immaterial to the Assiniboine Regional Health Authority as a whole and the expense and effort of preparing consolidated financial statements would far exceed the benefits from doing so.

18. Comparative figures

Certain comparative figures have been reclassified to conform with the current year presentation.